If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, House to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of funces of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-As examples: (a) The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and enusation), using always the same accepted term for the care disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cetebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia").

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, of Homicidal, or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal scpticacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-(second-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

should be stated EXACTLY, P it may be properly classified. ECORD PERMANEN BINDING Every Item of Information should be carefully supplied. ACE s CIANS should state CAUSE OF DEATH in plain terms so that is statement of OCCUPATION is very important. See Instructions FOR A IS WITH UNFADING INK-THIS MARGIN RESERVED is very important.

m

	PLACE OF DEATH	STA STA
Ce	ounty Ballemare	CERT
/		(2q) I
Villa	ge or City Upselled (No.	St.:
	2FULL NAME James W	y 2 m
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER
3 SE	Whowen, Married, Widowen, Wilowen, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DA	catober 6, 1868	17 I HEREBY CERTIF
	(Month) (Day) (Year)	that I last saw h/M alive or
7 AG	[If LESS than I day hrs. or min.?	and that death occurred on the The CAUSE OF DEATH * was
(a) par (b) bus	CUPATION Trade, profession or ticular kind of work General nature of industry tiness, or establishment in ich employed or (employer)	Enderras
	RTHPLACE (State or country) Lewisy warris	Contributory Secondary
1	FATHER July W. Hagun	(Signed)
RENTS	OF FATHER (State or country) Williams	*State the Discase Ca Violent Causes, state (1) Accidental, Suicidal or Homicic
PA	OF MOTHER Mary Enton	18 LENGTH OF RESIDENCE ients or Recent Residents)
1,	3 BIRTHPLACE OF MOTHER (State or Country) Ullucer	At place of death
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Mus James W Hagen	usual residence.

TE OF MARYLAND IFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 26 th 1930
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I strenged the deceased from
Seil 2 mg 1930 to Sept 26 , 19236
that I last saw h/M alive on Acad 26 , 1927
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
for formal forma
Endervacular renal dead
•••••••••••••••••••••••••••••••••••••••
(Duration) sy, mos de
Contributory Repocardial decompressation
(Duryton)ds
(Signed) M. D
9-12/6 1920 (Address) Belleters town mos
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsds. In the Stateyrsds

20

DATE OF BURIAL

If more banks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dcal-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation 3 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemourhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

	PLACE County	OF DEATH		13555	STATE OF	
	County 4		nd apople major nameda p	101-0	Registration	22
V	illage o r Cit y ² FUI	-Catons	Clean P 26	love Ass	postal Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDIO	CAL CERTIFICATE	OF DEATH
3	Male	4 COLOR OR RACE	B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	nov.	27, 1923@
6	DATE OF BIR	TH (Month)	(Day) (Year)	Tob 2	5 1930. to No	cended the deceased from 27, 1930, 1933
7	AGE		If LESS than I dayhrs. ormin.?	and that death occu		above, atm.
	•	ofession or do of work ature of industry	bores	Zoran	Paldan	- Ala
	business, or es	stablishment in ed or (employer)	· / ·	Contributory Secondary	7 1	yie mos 4 de.
	10 NAME O FATHER	Vatrick	Hazerly	(Signed) Poly 27 1922	C. E. Gas	M. D.
SEN TS	OF FATH (State or	country)	eland.	*State the I Violent Causes, s Accidental, Suicidal	Disease Causing Death, tate (1) Means of Information of Informatio	or, in deaths from jury and (2) Whether
PAR		ACE PROPERTY OF THE PROPERTY O	Aleen nd.	18 LENGTH OF RI ienta or Recent R At place of death yrs	esidente) mosds. In the	tals, Institutions, Trans-
14	THE ABOVE I	20	Kelly (Sister)	Where was disease con if not at place of des Former or usual residence	elka 200	DATE OF BURIAL
15	(Addr	css) 1041260	Holyday	Cathedr 20 UNDERTAKER	al	Decl., 1930
=	Filed // T/	If more branks are	Registrar needed, address State Registrar	, 16 W. Saratoga St.,	Balto., Requesting V.	9 (H Greenmel)

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (secondary peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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	1PLACE OF DEATH	
	County / MAXIMAN /	4 4
Vil	age or City Landard (No.	
	2 FULL NAME Elizabeth Kauch	City Audrean (No. 2 FULL NAME
	PERSONAL AND STATISTICAL PARTICULARS	MAME Elizabeth Rauch LAND STATISTICAL PARTICULARS COLOR OR RACE SINGLE, MARRIED, MATRIED, WIDOWEDD (Write the word) Mind (Month) (Day) (Year) (Month)
3 5	MARRIED, MALTUL	3
6 1	DATE OF BIRTH	
	(Month) (Day) (Year)	t
7 /	l dayhrs.	1
	a) Trade, profession or work	
	o) General nature of industry usiness, or establishment in which employed or (employer)	
9 1	(State or country) of Kinne 13 City Md.	
	10 NAME OF SEMPLES	(
	11 BIRTHPLACE / SALO, Waiman	
NTS	OF FATHER (State or country)	
PARE	12 MAIDEN NAME OF MOTHER) Quisa 1980 A	
	13 BIRTHPLACE Sover Pression of MOTHER (State of Country)	4
14		100
	(Informant) Harry Halbig	1
	(Address) answer Mu	
15	File lee 23 1930 Sev Stuker fl.	4 44 4

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in hospital or institu-St.: Ward) tion, give its NAME in -

number.)

6 DATE OF DEATH I HEREBY CERTIFY. That I attended the deceased from nd that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Durstion)

MEDICAL CERTIFICATE OF DEATH

the Disease Causing Death, or, in Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. Hospitals, Institutions, Trans-A LENGTH OF RESIDENCE (For

ients or Recent Residents) In the At place .yrs.....ds.

Where was disease contracted, f not at place of death?...

sual residence

Contributory Secondary

BURLAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more bianks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, i Spinner, state occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houselaborer, Furn laborer, Laborer Cour ment, who have engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken (a) Foraman, (b) the first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacnia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mon-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJUNY " "Marasmus," "Old Age," "Shock, Chronic valvular heart disease etc. The contributory

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JAN 3 1

S No

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	PLACE OF DEATH, County Bullium		05272	STATE OF M	
	n		THE	Registration D	Dist. No. 34
Vil	lage or City Beckleys	oct No.	210	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2FULL NAME COLOR	charah o	Half.		number.)
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDIC	CAL CERTIFICATE O	F DEATH
3 5	nale white	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	mey 19	(Day) (Year)
6 [PATE OF BIRTH	7.00	17 I HEREB	Y CERTIFY, That I atte	nded the deceased from
	(Month)	(Day) (Year)		alive on hon	2-ct , 192 30
7 A	1.187	If LESS than I day	and that death occu	rred on the date stated a	above, at 9,45-Am.
1	a) Trade, profession or articular kind of work	+ Farmer	Gerel	ral Hen	morrhage
b	b) General nature of industry usiness, or establishment in thich employed or (employer)	U		(Duration)	yrs. 1 mos 14 ds.
9 B	(State or country) Many	lemb	Contributory Secondary	(Duration)	
	10 NAME OF FATHER William	Itale	(Signed)	& Me Re.	M. DI
ENTS	11 BIRTHPLACE OF FATHER (State or country)	y land	*State the I	Is ase Causing Death, tate (1) Means of Inju-	or, in deaths from
AR	OF MOTHER Julia	h alban	18 LENGTH OF RE	SIDENCE (For Hospits	ds, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	uyland	At place of deathyrs Where was disease con	nosds. In the	yrsds.
14	(1) Surely a	Lishy	If not at place of dea Former or usual readence	. h?	
-	(Address) Muller	s told	19 PLACE OF BURIA	Pun mo	May 21, 1980
15	Filed May 20 19130 6	Troat Registras	Edw C	Riplon IX	ampstead,
	If more banks are n	eeded, addre.s Ltate Kegistrar	, 16 W. Saratoga St.,	Ballo., Requesting V. S.	10. 16 /H

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective ci Spinner, nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "For man," "Nanager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Stritement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephrilis, etc. The contributory

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Baltimore Registration Dist. No. (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME in-stead of street and Catherine number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. SMALE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word) 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) 1930 (Address) TOWSEn, Maryland 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of deathyrs. OF MOTHER ______ds. (State or Country) Where was disease contracted, if not at place of dea.h?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records -- Personal History. usual residence... (Informant) DATE OF BURIA

20 UNDERTA

Eudowood Sanatorium, Towson, Md.

(Approved by U. S. Census and American Public Health Association.)

whatever write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quos-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Piphhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJUNY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm vavorer, source, the duties of the en at home, who are engaged in the duties of the er," etc., Without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ugrk, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all stated unless important. use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not Committee on Nomenclature Chronic Example: Measles (disease valvular heart disease; etc. The contributory

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Village or C	in Hallinge Stration _	
/	ULL NAME John & Har	L
PERSO	DNAL AND STATISTICAL PARTICULARS	MED
3 SEX Male	Lolor OR RACE SINGLE, MARRIED, Marved WIOOWED. WIOOWED. (Write the word)	16 DATE OF DEA
6 DATE OF B	IRTH O	17 I HERI
	March 11 , 1884	
	(Month) (Day) (Year)	that I last saw h.
7 AGE	U6 yrs. mos. ds. or min.	. The GAUSE OF D
particular k (b) General business, or which empl	profession or ind of work about a statute of industry establishment in oyed or (employer)	Contributory
9 BIRTHPLAC (State or	Country) Maryland	Secondary
FATHE	Lewis Hall	(Signed)
for	or country) Maryland	*State the Violent Causes, Accidental, Suici
Y OF MO	, 4 //	18 LENGTH OF
13 BIRTH OF MO		At place of deathyrs
14 THE ABOV	E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease of
(Informa	ni) John Samuel Hall	Former or usual residence
(Ad	dess) Het. Hasling ton	19 PLACE OF BUI
15 Filed after	il 16 1920 Wat 1. Butter	20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEA

St.:	Ward)	(If death a hospital tion, give i stead of number.)	or ins	titu- E iı -
		number.	- 19	

MEDICAL CERTIFICATE OF BEATH
16 DATE OF GRAIN bly in March, 1920
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
, 192, 192, 192
that I last saw halive on, 192,
and that death occurred on the date stated above, atm,
The GAUSE OF DEATH * was as followed
Body was found in Lake Holand
on leful 15,1930, Assuring.
(Duration) 1.
(Duretion)mosde.
Contributory
(Durstion) To mos de,
(Signed) M. D.
192 (Address) Jowson, Ma
*State the Idsease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of dea h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
West Liberty Harford Go. Chiel 18, 130
20 UNDERTAKER ADDRESS
Mast No Mallian 3: 2 N. Schroederste

If more blanks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Without more record minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases American Medical Association.) approved by Committee on "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature

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V. S. No. 1

PLACE OF DEATH	07630 STATE OF MARYLAND
County 19011	CERTIFICATE OF DEATH
	Registration Dist. No.33
Village or City/Walleman (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	
Mala Polar ((Write the word)	16 DATE OF DEATH July (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
lan 7 1071	July 8 1923) to frely (0, 1923 2
(Month) (Day) (Year)	that I last row har alive on July 19230,
7 AGE If LESS than	and that death occurred on the date stated above, at
5-9 yrs. 7 mos. 3 ds. or min.	
8 OCCUPATION P	Cara had Lunardens
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE	Contributory Cartesis . Selenous
(State or country) Hamanal (6 And	Secondary (Duration) yrsds.
10 NAME OF	19 1 (18 = 14)
FATHER	(Signed) M. D. July 11 1970 (Address) Professions
M 11 BIRTHPLACE	(Address)
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Corn Hall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State of Country) Frederick Co	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	west Seberly Centre July 12: 1930
15 Filed July 11 19230 1780 Seader	20 UNDERTAKER ADDRESS
Filed 19230 Registrar	1 t Clive Rusheston
If more bianks are needed, addre. attate Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. MC



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease;

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[Approved by U. S. Census and American Public Health Assn.]

who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons ease causing death, state occupation at beginning of illness. If retired from business, that fact may be wife, Housework or At home, and children, not gainreceive a definite salary) may be entered as Houseetc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who Day "Dealer," etc., without more precise specification, as has been changed or given up on account of the DISpersons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occupat dustry, and therefore an additional line is proemployments, it is necessary to know (a) the kind of be taken to report specifically the occupations of fully employed, as At school or At home. Care should work and also (b) the nature of the business or inman, etc. But in many cases, especially industrial respective of age. For many occupations a single Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, word or term on the first line will be sufficient, e. g., The question applies to each and every person, irhealthfulness of various pursuits can occupation is very important, so that the relative Statement of Occupation.—Precise statement of Laborer, Farm Laborer, Laborer-Coal Mine, Cook, Housemaid, etc. If the occupation be known.

demic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal , Carcinoma, Sarcoma, etc., of (name origin Statement of Cause of Death .- Name, first, the fever (the only definite synonym is "Epi-

vided for the latter statement; it should be used cause for which surgives operations and qualivided for the latter statement; it should be used cause for which state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and Qualionly when needed. As examples: (a) Spinner,—For VIOLENT DEATHS state Means of Injury and Injury a e Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be asnature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee Montributory of the American Medical Association). tion. "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, septicemia," sulting from child birth or miscarriage as "PUERPERAL certained as the cause. Always qualify all diseases re-Example: Measles (disease causing death), 29 ds.; current) affection need not be stated unless important. nephritis, etc. Chronic valvular heart disease; "PUERPERAL peritonitis," The contributory (secondary or interetc.), "Dropsy, "Inanition," Chronic interstitial etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS



PHYSI-	1PLACE OF DEATH County Poults Cs.	03467 STATE OF MARYLAND CERTIFICATE OF DEATH
CORD ated EXACTLY, operly classified certificate.	Village or City Person Tred. (No	St.: Ward) St.: Ward) (If death occurred In a hospital or Institution, give its NAME isstead of street and number.)
N to to	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIES, WIDOWED. WIDOWED. OR DIVORCED OR DIVORCED	, 102
PERM son ba	6 DATE OF BIRTH (Write the word) (Write the word) (Write the word) (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from 29 1930. to 23 1930, that I ast saw here alive on were 30 1930.
VED FOR pplied. Act torms so the instruction	7 AGE Soccupation Casy (Seal) Tage If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at # 30 ft.m. The CAUSE OF DEATH * was as follows: Thypoclatic Previous: The cardial we sufficiency.
RESER NG INK- arefully surfault surfault.	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Smpossible to state the character of the reoplasment to whother being Buration grant you control do. Contributory Reval heoplasm - Cysto scopio-
MARGIN RETH UNFADING se of DEATH in N is very importan	(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) VI Z	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (OSulphur Spt. Read- *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AINLY, Winformation state CAU	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) MULTIPLE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
WRITE y item of Ns should ement of 0	(Informant) Was Ware Welkense	Where was disease contracted, if not at place of death? Former or usual residence
WR WE-Every it CIANS	15 Filed april 19232 Defriceffer	Poudery fack Gress 1920 20 UNDERTAKER THE MARKET STATE OF THE POUR STATE OF THE POU

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Housemuid, etc. If the occupation has been changed Foreman, or .11 Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile fuctory. The material single word or term on (2) Grocery;

Statement of Cause of Death—Name, first, the DISEA. E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I sphalment of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inamition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smeide. The nature of the injury aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (discase Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease statement of cause of etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail it will prevent furner correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Sallmuvel	CERTIFICATE OF DEATH
PA in	Registration Dist. No.
Village or City Julies Mile	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME 1. Edward &	ambleton tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale White Single. Married Widoweb. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Sell. 23, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 26, 1886	, 192, 192,
(Month) (Day) (Year)	that (last saw halive on, 192, and that death occurred on the date stated above, atm.
7 AGE II LESS than I day hrs. 5 mos. 27 ds. or min.?	The GAUSE OF DEATH * was no follows:
(a) Trade, profession or Bauker	right temple
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yremosde,
9 BIRTHPLACE (State or country) Waruland	Contributory Secondary
FATHER Hank & Hambleton	(Signed) W. P. Butter Corollard
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother anna B. Crawford	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Ruladelphia, Pa,	At place of death
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Jack Symington	Former or usual residence
(Address) Lutherville	Greenount blu Dle 24, 1, 30
15 Filed Que 25 1930 Ma ? Butter Och Registrar	Huy Menkins Solo Sur Collets
If more blanks are needed, address ttate Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (o) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enr," etc., Foreman, For many occupations a especially in industrial employments, it is neces-Form laborer, Laborer-Cool mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISEAR (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Iranition," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Committee on Nomenclature Chronic volvular heart disease; Example: Measles (disease etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and all quistions answered in detail, i will prevent tacher correspondence. All the data is essential and that the obtained before the certificate is permanently filed.

c	PLACE OF DEATH County Baltimore		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41
Vin	age or City Dundalk. Mo		S72I Pine Ave St.: Ward) (If death occurred I a hospital or institution, give its NAME Is stend of street an number.)
	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE White	SINGLE, MARRIED, SING WIDOWED, OR DIVORCED (Write the word)	1e November 24th , 1920 (Month) (Day) (Year)
6 D	ATE OF BIRTH March (Month)		17 I HEREBY CERTIFY, That I attended the deceased from 192
7 A		mos. T2 ds. or	hrs. The CAUSE OF DEATH * was as follows:
pa (b bu	Trade, profession or non articular kind of work non on on one of industry is incess, or establishment in hich employed or (employer)	elk. Md.	Of the Brain Dr. A. W. Reier. (Duration) yrs. mos. d Contributory Secondary (Dyration) yrs. mos. d
ENTS		Hammel timore	(Signed) As Articles A Garage Should a State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	13 BIRTHPLACE	M.Storch. ltimore. Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunients or Recent Residents) At place of death yes ds. State yes mos control of the state of death state of the state
14 7	THE ABOVE IS TRUE TO THE BES	of my knowledge . Hammel	Where was disease contracted, it not at place of dea h? Former or usual residence
	(Informant)	7	Hole Pederon Con "/16/30.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been clanged definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, nature of the husiness or industry, and therefore an sary to knew (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as (b) Automobile factory. The material Locomotive engineer, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,");

(Recommendations on statement of cause of death inges, perilonaeum, etc., Careinoma, Sarcoma, etc., ol approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic vunvalvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	06470 STATE OF MARYLAND
County Baltimore loo	CERTIFICATE OF DEATH
of of	Registration Dist. No.
Village or City Jegan (No.	St.: Ward) (If death occur a hospital or i
2 FULL NAME Comma Eliza Ha	tion, give its NA stead of stree number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white Single, MARRIED, MARRIED, WIDOWED. (Write the word)	16 DATE OF DEATH (Month) (Day) (Y
6 DATE OF BIRTH April 18 , 1858 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I extended the decease that I last saw her alive on June 6
7 AGE [If LESS than	
72 yrs. 1 mos. 24 ds. or min.7	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	a proposy 1
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 7 mos
9 BIRTHPLACE (State or country) Baltimore Go. Md.	Contributory Secondary (Duration) yronos
10 NAME OF FATHER Cligale Gordon	(Sigled) (S) H (Dussely Mo) (Address) Techas Mo
OF FATHER (State or country) Baltimore los Md	*State the Disease Causing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.
of MOTHER Clinetth Conservell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Dallo Co. Md.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) John at Harrefilipe	usual residence
(10) · (b)	St Joseph Crueky Jung.
(Address) Junoum, Tho.	

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Sorvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. yrs). (b) Cotton mill; (a) Salcsman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DISTE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Mausles (disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Brouchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mcrely symptom-Whooping inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ig cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory " "Marasmus," "Old Age," "Shock," Committee on Nomenclature "Heart failure," "Haemorrhage, ete. The contributory Always qualify all Measles; death

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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X	-	de Exact
	CORD	be carefully supplied. ACE should be stated EXACTLY, PHYSI- DEATH In plain terms so that it may be properly classified. Exact it important. See instructions on back of certificate.
NG	FADING INK-THIS IS A PERMANENT CORD	be stated be proper
BINDI	PERMA	should tit may
FOR	IS A	so tha
AGIN RESERVED FOR BINDING	IKTHIS	supplied in terms
RESI	NG IN	refully In pla
RGIN	FADII	be ca EATH

PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. N (If death occurred in a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Sen 16 DATE OF DEATH OR DIVORCED (Write the word HEREBY CERTIFY. That I attended the deceased for 6 DATE OF BIRTH (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER . CAUSE CAUSE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether PARENT (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transould state ients or Recent Residents) 13 BIRTHPLACE At place 4. OF MOTHER (State or country) Where was disease contracted if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE shou CIANS shot statement c usual residence (Address) peridan Howard Cyn Filed Registrar State Registrat, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Furmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never rcturn "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. Compositor, Architect, 6 Automobile factory. The materia Laborer-Coal mine, etc. Wom-Locomotive (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." stated unless importan+ inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. :hopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death carbolic acid—probably swicide. Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease The n ture of the injury, etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

N. B.

	.06469
PLACE OF DEATH	STATE OF MARYLAND
County / Salto	(S) CERTIFICATE OF DEATH
	Registration Dist. No. 42
Village or City Authorities (No. 673) 2FULL NAME	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 25, 192 30 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	
7 AGE If LESS than	and that death occurred on the date stated above, atm.
l day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	Still born mucamage
(a) Trade, profession or	
particular kind of work	£
business, or establishment in which employed or (employer)	(Duration) yis, mos, ds.
	Contributory Secondary
(State or country) Ballo to med	(Dypion)mosds.
10 NAME OF PATHER	(Signed) M. D.
H PIDTHPI ACE	June 25 1923 dAddress) 2014 Mailyla
OF FATHER (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME 7 - 0 MI TO	Accidental, Suicidal or Homicidal.
of MOTHER Sueda Malel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Poler Hancen	usual residence
(Address) afulus lug	10 1 10
	20 UNDERTAKER ADDRESS
15 Filed June 35 19230 Dessortuffe	Tarents

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. r," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery,

East Cything Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of .tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy" "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease, nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING FOR MARGIN

HEALTH DEPARTMENT—CITY OF BALTIMORE

14682

CERTIFICAT	E OF DEATH. (9)
1-PLACE OF DEATH	REGISTERED NO. (If death occurred in
GITT OF BALTIMORE: (No.	ST WARD) a hospital or institu-
	tion, give its NAME
2-FULL NAME Chesterfield F. H.	instead of street and number.)
(Usual place of abode)	WARD
Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., If of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) 19
	I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced HUSBAND of	
(or) WIFE of	that I last saw h alive on blee . 1 4 th 19 30
6 DATE OF BIRTH (month, day, and year) Zenknow	and that death occurred, on the date stated above, at
7 AGE Years Months Days If LESS than 1 day,hrs.	The CAUSE OF DEATH* was as follows:
about 52 ormin.	
8 OCCUPATION OF DECEASED	acute Cardiac Failure
	0,23,24,66.0
(a) Trade, profession or Blacksmith	
(b) General nature of Industry, business, or establishment in which employed (or employer) 4. P. Thomas Co	(duration)mosds.
(c) Name of employer	(Secondary) (duration) yrs. mos. ds.
(c) Ivalite of employer	18 Where was disease contracted
9 BIRTHPLACE (city or town)	If not at place of death?
(State or country)	Did an operation precede death?Date of
10 NAME OF FATHER Zente.	Was there an autopsy?
11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosif?
11 BIRTHPLACE OF FATHER (city or town) (State or country)	(Signed) od . I Verria Colo. D.
12 MAIDEN NAME OF MOTHER	, 19 (Address Sleugues Pina In
13 BIRTHPLACE OF MOTHER (city of town) (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)
14 Informant 74. L. Thomas (Address) Reduced St. Balto,	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL MOVAL Loc. 169 3
15 Fled Lee 1 6 1930 Thin G. Conselly	To UNDERTAKER Connelly Esse

Registrar

[Approved by U. S. Census and American Public Health Asso.]

man, (b) Grocery; (b) Foreman, (b) Automobius factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household who are engaged in the duties of the household. may be indicated thus: Farmer (retired, 6 yrs.). ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginployed, as At school or At home. Care should be work, or At home, and children, not gainfully emonly (not paid Housekeepers who receive a defiamples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (b) Foreman, (b) Automobile ment; it should be used only when needed. As exto know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statepecially industrial employments, it is necessary Stationary Fireman, etc. But in many eases, es-Architect, Locomotive Engineer, Civil Engineer, e. g., Farmer or Planter, Physician, Compositor, word or term on the first line will be sufficient, The question applies to each and every person, healthfulness of various pursuits can be known. occupation is very important, so that the relative For persons who have no occupation whatever, has been changed or given up on account of the Servant, Cook, Housemaid, etc. If the occupation persons engaged in domestic service for wages, as taken to report specifically the occupations of write None. Statement of Occupation .- Precise statement of may be entered as Housewife, House-

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....(name origin;

ease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conthe injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical of injury and qualify as accidental, suicidal, homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental as "Puerperal septicomia," "Puerperal peritoni-"Weakness," etc., when a definite disease can be ascertained as the eause. Always qualify all disgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uræmia," stated unless important. interstitial nephritis, etc. cough, Chronic valvular heart disease; Chronic drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by earbolic acid—probably suicide. The nature of eases resulting from ehild birth or miscarriage, ondary or intercurrent) for malignant neoplasms); Measles; Whooping "Cancer" is less definite; avoid use of "Tumor" Association.) was undertaken. For violent deaths state means tis," etc. State eause for which surgical operation Example: Measles (disaffection need not be The contributory (sec-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINEY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

	3	S. N.
No. 1		3Eve
ν. δ	E	2

PLACE OF DEATH	STATE OF MARYLAND
County Batternore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Oury Duello (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 21, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH July 29, 19/3 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 25 1920 to Och 21 1930 that I last saw her alive on Och 21 1930
7 AGE 17 yrs. 2 mos. 22 ds. or min.?	and that death occurred on the date stated above, at 11:380 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry Roseword State Transmit business, or establishment in School; Owing mills which employed or (employer)	Chronic Weerative Endocardite (Mitral Regurgitation)
9 BIRTHPLACE (State or country) Waryland	Contributory Septic maningities Secondary (Duration) yrs mos. 4 ds
10 NAME OF Joseph M. Hardesty	(Signed) George C. Westory M. D. Oct 21 1930 (Address) Durings wells, Jul
Z (State or country) manyland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Blanche B, Whodes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
OF MOTHER (State or Country) Waryland	At place. 7 yrs. 8 mos. 6 ds. In the 17 yrs. 2 mos. 22 ds. Where was disease contracted, if not at place of dea.h?
(Informant) Round State Training	if not at place of dea.h? Former or usual residence Wanyland
(Address) School oving hull and	Raseword Cunety Och 22 4 1930
Filed Oct 22 19330 SY Waster Registras	1 F Elini Rusherlown Mel
If more banks are needed, address htate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman. (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haeniorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

[Approved by U. S. Census and American Public Health Asso.]

spective of age. For many occupations a single word question applies to each and every person, salary), may be entered as Housewife, Housework, Automobile factory. The material worked on may when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business fireman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, or term on the first line will be sufficient, e. g., healthfulness of various pursuits can be known. occupation is very important, so that the relative state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer, "Laborer," "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) trial employments, it is necessary to know (a) the occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no from business, that fact may be indicated thus: Housemaid, etc. If the occupation has been changed in domestic service for wages, as Servant, Cook, At school or At home. form part Statement of Occupation .- Precise statement of of the second statement. Care should be taken to Compositor, Archi-Never return irre-

same accepted term for the same disease. respect to time and causation), using always the DISEASE CAUSING DEATH (the primary affection with toneum, etc., Carcinoma, Sarcoma, etc., of ... Bronchopneumonia ("Pneumonia," port "Typhoid pneumonia"); Lobar pneumonia; (avoid use of "Croup"); Typhoid fever (never re-(name origin; "Cancer" is less definite; avoid use of "Epidemic cerebrospinal Cerebrospinal fever (the only definite synonym is Statement of Cause of Death .-- Name, first, the Tuberculosis of lungs, meningitis"); meninges, periunqualified, Diphtheria Examples:

> symptomatic). "Atrophy," "Collapse," "Coma," "Concouditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal Chronic interstitial nephritis, etc. The contributory INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to "PUERFERAL septicemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage, as "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," vulsions," "Debility" causing death), 29 ds.; Bronchopneumonia (secondstated unless important. death approved by Committee on Nomenclature of tctanus) may be stated under the head of "Contribuwound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drownundertaken. can be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; "Tumor" the American Medical Association.) fracture of skull, and consequences (e. -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of for FOR VIOLENT DEATHS State MEANS OF malignant ("Congenital," "Senile," etc.), Example: Measles (disease neoplasms); Always qualify ali "Hemor-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD CT, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Bally	CERTIFICATE OF DEATH
Ma 11	Registration Dist. No. 30
Village of City Hoodlayer (No.	anglyn Road St.: Ward) (If death occurred in hospital or institu-
2 FULL NAME Charles 6. So	chhaun tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
S DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from May 11, 1930. that I last saw h Limalive on May 11, 1930.
(Month) (Day) (Year) 7 AGE 79 70 110 110 110 110 110 110 110 110 110	and that death occurred on the date stated above, at 10.30 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Return Silver Smith	uigna Delenis
(b) General nature of industry business, or establishment in	5 hours
which employed or (employer)	(Duration) vrs. mos ds.
which employed or (employer) 9 BIRTHPLACE (State or country) Ballo	Contributory Secondary (Duretian) yrs
FATHER Tuton Hochhaus	(Signed) Engene L, Person gus M. D. May 12 130 (Address) 514 Drury Lone
S II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Barbara Willet	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant) Moul Bables (Address Franklyn Boad Woodlaws	Moly Redeemer May 14.130
Filed 7 8 1980 College Registrar	20 UNDERTAKER JOHN 156 W. LINGEN
If more branks are needed, address State Registre	ar, 16 W. Saratogo St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, State cause for which surgical operation was under-American Medical Association.) approved letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suncide. The n.ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature Chronic valvular heart discose; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

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7 6

7

PLACE OF DEATH County Baltimore	02628 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Catorwille (No. 16 Fr 2FULL NAME Miss Helens	Usting are St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, X Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 7 (Day) (Year) (Month)
Movember 9th 186/ (Month) (Day) (Year)	that I last saw h 22 alive on March 17 1920,
7 AGE 6 8 yra. 4 mos. 8 ds. [If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Particular kind of work	Carculoura al lower end
(b) General nature of industry business, or eatabliahment in which employed or (employer)	(Duration) yrs 2 mos do. Contributory My ocardilis Paralyses ofle
9 BIRTHPLACE (State or country) Savannah Ja.	Secondary (Durstign) yrsmosds.
10 NAME OF FATHER John & Hordre	(Signed) A Chaldrand M. D. 3rd 19 th 1980 (Address) 2 10 East Filmer
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Helen Stadlard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Condon. England	At place of death yrs mos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW LOGE	if not at place of dea.h?
(Informant) Mr Terbrude St Smullone (Address) 127 M. 79 3 J. H. Y.C.	19 BLACE OF BALOR REMOVAL DATE OF BURIAL Washington U.C. Mar. 17, 1930
Filed 3/17 1930 Blockeria	Martin M. Hypong 6 1300 Mat
If more hanks are needed, addre, a State Registral	, 16 W. Saratoga St., Balto., Requesting Y. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. r," etc., For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DIS-EASE (** USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) "Atrophy," "Collapse, perilonacum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; Chronic Carcinoma, Sarcoma, etc., of ," "Coma," "Convulsions, affection need not be etc. valvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

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N.B.

PLACE OF DEATH County BallinosE	OG471 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City Catonsir Co. Spring ? 2FULL NAME Laura J. K.	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Single, Wildowson, Son Divorced (Write the word)	16 DATE OF DEATH June 197, 19230 (Month) (Day) (Year)
G DATE OF BIRTH July (Month) Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 1909 to 1909 to 19230 that 1 last saw here alive on June 18 , 19230,
7 AGE If LESS than day hrs. ds. or min.	and that death occurred on the date stated above, at 12-2m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Inksternel & Bluection
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER MICRAEL Hare	(Signed) De Garrett M. D. 192 (Address) Latouson 9
Z (State or country) Md	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many 21. Miller 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place Layrs
(Informant) Mrs. Morris C. Turker	Where was disease contracted at place of deah. Former or usual residence although the second and the second an
(Address) 26/3 Md. Aug	Loudon Park Cem June 23, 1930
Filed 9 192 Registras	Wm. 1. Ticknet Sm M + Pa. Come
If more banks are needed, addre.s tage Kegistrar	, 16 W. Saravoga St., Balto., Requesting V. S. ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Flanter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e ch and every person, irrespective ci whatever, write None. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physici:n, Compositor, Architect, household only (not raid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materic. engineer, For many occupations a single word or term on W.8. know (a) the kind of work and also (b) the without more precise specification as For persons who have no occupation Stationary froman, etc. Salcsman. But in many (b) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EARLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal four (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid four (never report "Typhoid Fneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,")

> "E:haustion," "Heart failure," "Inemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and eonsequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from ehildbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory not be

If his certificate is looked over thoroughly and all questions as well in deal it will prevent further correspondence. All the data is resentiated and must be obtained before the certificate is permanent fied.

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-	ounty Baltimorl	CERTIFICATE OF DE
C	ounty	Registration Dist. No.
Ville	age or City Becklysville (No.,	St.; Ward) (If deal a hospite stead of sumber.)
	2 FULL NAME OCCUPY PLACE	summer.,/
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
3 S	TEX 1 COLOR OR RACE 5 SYNGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) 17 I HEREBY CERTIFY, That I attended the
6 D	ATE OF BIRTH	192, to
	(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 40	If LESS than I day	The CAUSE OF DEATH & was as follows:
) (l	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer) IRTHPLACE (State or country) Parklan hul	(Duration) Q yrs. Q. Contributory Secondary (Duration) yrs.
	10 NAME OF SEORCE H Harl	(Signed) & he Rosh
RENTS	11 BIRTHPLACE OF FATHER (State or country) Hompsteal Inc. 12 MAIDEN NAME	*State the Disease Causing Death, or, in d Violent Causes, state (1) Means of Injury: and (Accidental, Suicidal or Homicidal,
PAR	OF MOTHER Noom Blidd	18 LENGTH OF RESIDENCE (For Hospitals, Insti- ients, or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or country) Parketon hud	At place of death yrs mos da. State,yru Where was disease contracted,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Forge It Harl (Address) Parklow hid	19 PLACE OF BURIAL OR REMOVAL BATE OF
15	Filed Sept 8 1980 G. E. Fowth m. Ll. Registras	20 UNDERTAKER JADDRESS A. Trobert Freel
	* more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

PLACE OF DEATH

16142 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.)

16 DATE OF DEATH	(Month)	(Day)	193. d.
17 I HEREBY CERTIF	Y, That I as		
that I last saw halive and that death occurred on t The CAUSE OF DEATH % w	the date state	ed above, at	
Contributory	00000000000000000000000000000000000000	9yrs (2 mos	
(Signed)	u Re	mpslead	(ha
18 LENGTH OF RESIDENC ients, or Recent Residents At place of death	CE (For Hos) ln th da. Sta	pitals, Institution ne ne ne,yrum	e, Trans
19 PLACE OF BURIAL OR MIDDLE TOWN C		SSM 950	

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrudnt, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of enpation is very important, so that the relative healthtired 6 yrs.). Housemaid, etc. worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many fulness of various parsuits can be known. The queswhatever, write None. Statement of Occupation - Precise statement of ocetc., without more precise specification as Day For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia")

head of "contributory." "Puenperal septicaemia." "Puenperal peritonitie," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Meastes; mges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Haemor-(seeondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Caneer" is less definite; avoid Nomenclature of the American Medical Association.) train-accident; Revolver wound of head-homicide; Examples: Accidental descening; Struck by railway taken. State cause for which surgical operation was under vulsions." Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURI "Debility" ("Congenital," "Senile," etc.); Never report mere symptoms or terminal Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Meastes (disease etc. The contributory "Coma," "Con-(second-(merely not be

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CEIL CT 2 19 REAU

V. 8 No. 1

Frank

PLACE OF DEATH	01384 STATE OF M	ARYLAND
County Sally	CERTIFICATE	OF DEATH
1.104	Registration Die	st. No. 30
Village or City almost And	7/	(If death occurred in hospital or institu-
2FULL NAME Mary J.		stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Tenuale Crand MARRIED, MARRIED	16 DATE OF DEATH (Month)	54, 1930. (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attend	
2m 15 .187/	192 . to	, 192
(Month) (Day) (Year)	that I last saw halive on	7 1233
7 AGE [If LESS than		ove, atın.
58. yrs. 2 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:	
a) Trade, profession or	How Dood Heart	
particular kind of work (b) General nature of industry	<i>D</i>	www.0070
business, or establishment in Mark which employed or (employer)	(Durstion)	yrsde.
9 BIRTHPLACE (State or country)	Contributory Secondary	
1 10 NAME OF TAIL	Latin 7 Hisportellas	mosds,
FATHER / firam Convay	(Signed)	novelle Mil
of Father	*State the Discase Causing Death, o	r. in deaths from
OF FATHER (State or country) 12 MAIDEN NAME (The state of the state	Violent Causes, state (1) Means of Injur. Accidental, Suicidal or Homicidal.	y and (2) Whether
of MOTHER Mark Literby	18 LINGTH OF RESIDENCE (For Hospitals	, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place la the	
(State or Country)	of deathyrsds. State Where was disease contracted,	yreds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?	
(Informant) Rosa Flourno	Former or usual residence	
(Address) /422 W. Mulhy	M. Attime	2/8, 1930
15 Filed 1 to 198 Albudien	20 UNDERTAKER	DDRESS
Registras	John Joadvin	Kland hill
If more b.anks are needed, address State Negistra	7, 16 W. Saratoga St., Balto., Requesting V. S. I	10.1. an

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, fion applies to each and every person, irrespective ci business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.:haustion," "Heart failure," "Haemorrhage," (secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart diseose; Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

S 40

Village or City NAME Presenters formate	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR OIVORCED (Write the word)	Death Menth (Day) (Year) 17 I HEREBY CERTIFY, That 1 attended deceased from
8 DATE OF BIRTH Recember 16, 1930 (Month) (Day) (Year)	, 191 , to, 191 , that I last saw h alive on, 181 ,
FAGE ACCUPATION TAGE If LESS than 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Gestalin yrs. mos. ds.
10 NAME OF FATHER WALLS AND WALLS AND	Contributory MAY Runn Secondary (Signed) (Signed) (Signed) (Signed) (Man Contributory May Runn (Signed) (Signed) (Man Contributory May Runn (Signed) (Signed)
U 11 BIRTHPLACE OF FATHER (State or country) 11. Mushingim 11.	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causers, state (1) Means of Injury; and (2) whether Accidental, Suigidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to ths of death yrs. mes. de. State, yrs. mos. ds. Where was disease contracted, If not at place of death?
(Informant) Mrs All. Marmon (Address) Alt Mashington Ald	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
Flied Dec 17, 1980 Jun P. Gutling	20 UNDERTAKER ROOK USON Sparks med
If more blanks are needed address State Registrar	16 W Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. or given up on account of the nisease causing neath, Statement of Occupation-Precise statement of occupa-Coal minc, etc. is very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, (b) Auto-(int

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee surgical operation was undertaken. For VIOLENT DEATHS "Heart failure," "H-emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere cough; Chronic valvular heart diseose; Chronic interstitial under the head of "Contributory." (Recommendations and consequences (e. suicide. The nature of the injury, as fracture of skull to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. etc., when a definite disease can be ascertained as the genital," "Senile," lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "'Tumor" for malignant neoplasms); Measles; Whooping head-homicide; Poisoned Struck state means of injury and qualify as accidental. by railway troin-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercurete.), g., sepsis, tetanus) may be stated by carbolic acid-probably "Dropsy," "Exhaustion,"

If the certificate is looked over thoroughly and all questions described in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DERAY VE

ciassifie should be stated EXACTL CORD ee instructions on back of certificate. properi PERMANENT BINDING 9q that it may ACE FOR K IS WITH UNFADING INK-THIS supplied MARGIN RESERVED Should be carefully E OF DEATH in plai CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important. of Information Every Item of CIANS should WRITE

V. S. No. 1

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15

PLACE OF DEATH	12194 STATE OF MARYLAND
County Gallinov	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Edgener (No 18 Harr	Ward) (If death occurred in a hospital or institution, give its NAME instead of strest and number.)
FULL NAME J. C. V. V. J. C. S. J. C. V. V. J. C. V. V. J. C. S. J. C. V. V. J. C. S. J. C. V. V. J. C. V. V. J. J. C. V. J. J. C. V. J. C. V. J. J. J. C. V. J. J. J. C. V. J.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (CCT - 2) , 198.0. (Month) 27 (Day) / \$30 (Vear)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Man 11 1833	
(Month) (Day) (Year)	that I last saw h alive on, 192,
7 AGE [If LESS than	and that death occurred on the data stated above, at
l dayhrs.	The CAUSE OF DEATH * was an follows:
5 yrs. 10 mos. 16 ds. or min.?	Gebreal Herrivages Causes
(a) Trade, profession or fauts	by automobile accident
(b) General nature of industry State Med Co- business, or establishment in State Med Co- which employed or (employer)	(Durstion) yes. mos de.
P BIRTHPLACE	Contributory
(State or country) here by	actives Constraint vie mos de.
10 NAME OF Jarrett Harrivey	(Signed) William & Byana a Mad. (Ct 27 1930 (Address \$10 by 8 Spurs was
of FATHER (State or country) how will	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) William Accidental, Suicidal or Homicidal.
of MOTHER Mary Muris	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) MUW YOUR	At place in the of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?
(Informant) Blanch Haring	Former or usus] residence
(Address) Elgsmis Murry	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 30. 1930.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise special mine, etc. Wom-laborer, Form loborer, Loborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation 6 Stationary firemon, etc. But in many Automobile foctory. The material person, irrespective of (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis atic), approved by Committee on Nomenclature of the telands) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by roilway train-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Mcasles (name origin; "Cancer" is loss definite; avoid Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

/	County Paltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 32
	Village or City / tt. Wilson, (No Mt Wilson) 2FULL NAME Sabelle Harper	loses Sanatorum (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED MARRIED (Write the word MARRIED)	16 DATE OF DEATH (Month) (Day) (Year)
	Lanuary 8, 1903 (Month) (Day) (Pear)	I HEREBY CERTIFY, That I attended the deceased from June 18 1930. to June 25 , 1930, that I last saw h LN alive on June 24 , 1930.
	TAGE AT yrs. 5 mos. 7 ds. or min.? B OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at Time, m, The CAUSE OF DEATH * was as follows: Bulmonary Juber Culosis
	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Harlord loo. Md	Contributory Mburculosus of the darynd Secondary (Duration) Only 18 5 mos 0 ds. Contributory Mburculosus of the darynd 2 ds.
	11 BIRTHPLACE OF FATHER (State of country) MARYLAND (State of country) Maryland.	(Signed) 10 M. D. June 25.1930 (Address) Mt. Nilson, M.D. State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME MAY BODANN 13 BIRTHPLACE OF MOTHER (State or country) MAYLANA (State or country)	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death O yrs O mos 7 ds. Where was disease contracted, 7
	(Informant) DUIS A Schulle Moly.	Former or usual residence ALL OR REMOVAL DATE OF BURIAL
	15 Filed June 2 5 1930 DE & Melilo Registrar	20 UNDESTAKER JOHN BER QUIN MA
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, er," etc., without more precise specimeanum and laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative healthworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL serviconitis," etc. "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclatu e (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poison a by Examples: Accidental drowning; Struck by railway tre nor as probably such, if impossible to determine definit ly. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory separs

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondance. All tha data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. (If death occurred inWard) Village or City a hospital or institu-tion, give its NAME is stend of street and cal number.) 2FULL NAME proper MEDICAL CERTIFICATE OF BEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. BINDING may be OR DIVORCED (Year).... Write the word(Day). I HEREBY CERTIFY, That I attended the deceased from DATE OF BIRTH that that I last saw h alive on 192....., 192....., (Month) Day) (Year) IIf LESS than and that death occurred on the date stated above, at ... 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. terms RESERVED or min.? & OCCUPATION (a) Trade, profession or = particular kind of work a (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory I Secondary MARGIN BIRTHPLACE (State or country) (Durstion) D W F D 10 NAME OF FATHER LL. Shou 1950 (Address) .. 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. FNH CAUS 02 (State or country) 12 MAIDEN NAME 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-D: OF MOTHER 4 nform ients or Recent Residents) 0 n. 1 Stot Cou 13 BIRTHPLACE In the At place State.....yrs.....mos.... OF MOTHER of deathyrs.........ds. (State or Country) Where was disease contracted, 00 it not at place of dea h? .. no 14 THE ABOVE IS TRUE TO Former or usual res.dence 00 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every It CIANS stateme (Address) UNDERTAKER Filed If more b.anks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1 Warah Do

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf tired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

10 ds. (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E.haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

N.B

PLACE OF DEATH	02629 STATE OF MAR	YLAND
County Sallemore	CERTIFICATE OF	DEATH
	Registration Dist.	No. 33
Village or City M. Foroblesburges	St; Ward)	[If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 CEY 4 COURD DE DACE 5 SINGLE.	16 DATE OF DEATH	
Male white (Write the word)	March (Month)	(Day) , 198 (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I atte	nded deceased from
72 .02	men 23, 1980 to me	4.00,1980
(Month) (Day) (Year)	that I last saw have alive on my	ch 23, 1979.
7 AGE 11 LESS than	and that death occurred on the date state	ed above, at 72.m.
Still bosses 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows	
	\ \Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	······
DCCUPATION (a) Trade, protession, or	Dull Dorn	***************************************
parlicular kind of work (b) General nature of industry		
business, or establishment in	(Duration)	yrs mos de.
9 BIRTHPLACE	Contributory	
9 BIRTHPLACE (State or country)	•	
10 NAME OF FATHER	(Signed) Begref E. Fower	yrs
M 11 BIRTHPLACE	mch 23. 19130 (Address). Upper	co ma.
11 BIRTHPLACE DF FATHER (State or country) Carroll Co., Md. 12 MAIDEN NAME	*State the Disease Causing Dyary, or, in Causes, state (1) Means of Injury; and (2) Suicidal or Homicidal.	deaths from VIOLENT whether Accidental,
of Mother Helen Marie Booker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mary Land.	The second secon	yrs mas ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) Howard Harris	Former or usual residence	
(Address) Ukherco, Mrd.	18 PLACE OF BURIAL DR REMDVAL	ATE DE BURIAL
16 + 7 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A l'auls.	5-24 1013C
Filed 3-24th 1930 Mrs. Joshua a Forth	20 UNDERTAKER	DDRESS
Dept Total REGISTRAR	Tow I uplow sta	uplead,
If more blanks are needed, address State Registrar,	16 W Saratoga St., Balto., Requesting V. S. No. 1.	nia

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more procise specification as Day laborer, Farm laborer, Laborer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on Nomenclature of the American Medical Association,) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned Struck by state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Anacmia" nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping railway The contributory (secondary or intercurtrain-accident; Revolver by carbolic acid-probably State cause (Recommendations Never report mere for which nound ("Con-

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	PLACE OF DEATH	07697 STATE OF MARYLAND
	County/ Faltemore	CERTIFICATE OF DEATH
		Registration Dist. No. 32
	Village or City Mount Wilson (No. Mount Wil	Lou Franch St.: Ward) (If death occurred in
	DO 12 marylan	of Tuberculosis Sanatorumstead of street and
1	2FULL NAME Nobert Marion Harr	number-)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	Male White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 20, 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	THERETY CERTIFY, That attended the deceased from 1970 to 1970, 1970, that I last saw h alive on 192, 192,
	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 720 P.m.
1	32 3 5- I dayhrs.	The CAUSE OF DEATH * was as follows:
40.	B OCCUPATION O ds. or min.?	Tul sur Sutestinal
3	(a) Trade, profession or Juterior Delorator	70.00
-	(b) General nature of industry business, or establishment in	Juber exports
1	which employed or (employer)	Duration) Tre most de
	9 BIRTHPLACE (State or country) Waryland	Contributory Contr
	10 NAME OF HOLD	(Orned) John a. Fruith M. D.
	FATHER MELLEAGE JI. NATTESON	July 20 130 (Address) mount Vilson, M.J.
	OF FATHER Z (State or country) Waruland	Violent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME OF TOO WAS THE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER (State or country) Maryland	At place of death O yrs mos. 2 ds. State 23 yrs. 3 mos. 5 ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Mary H. Harrison	Former or usual residence 9/8 11. Vay Sou St. Balls. Mg.
	(Address) 1918 n. Jayson St. Balts	New Calhedral County July 24, 1930
	15 Filed July 7 1923 D N & Lushal Registrar	20 UNDERTAKER LA CONSLICE 24 E. Eugu St.
	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cottournill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, definite salary, may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." us fracture of skull, and consequences (e. g., sepvis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Inemorrhage," "Inanition," "Marasnus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite; Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine dcfinitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic viuterstitial nephritis, (secondary or intercurrent) affection need not be Whooping cough; Chronic Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid etc. The contributory valvular heart disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Baltimore	O181 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City <u>FUDOWOOD SANARORUM</u> , TOWS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale While Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH $ \begin{array}{cccccccccccccccccccccccccccccccccc$	by that I last saw h I malive on Jan 26, 1930
7 AGE 62 yrs. 0 mos. 1 ds. 1 day or	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER Thomas H Heruse	(Signed). (Signed). Maryland.
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Margaret Harris	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recant Residents) At place In the
OF MOTHER (State or Country) Manyland	of death yrs mos ds. State yrs mos mos where was disease contracted, II below the way of the state of the sta
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? UIIAIIOWII
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSpital Records Personal Histor (Informant)	Former or usual residence 3907 Norfolk Ave (Toust
Hospital Records Personal Histor	Former or 26 7 h , Ola A . e Jan. A

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-O. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Stotionary fireman, etc. But in many (a) the kind of work and also (b) the Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Propsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., as fracture of skull, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis Carcinoma, Sorcoma, etc., of Example: Measles (disease etc. valvular heart Nomenclature of the The contributory discase;

If this certificate is looked over thoroughly and all quations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

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N. B.

PLACE OF DEATH County Sollewine	06473 STATE OF MARYLAND CERTIFICATE OF DEATH				
0.4	Registration Dist. No.				
Village or City Calburulle (No. Slew	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and				
2FULL NAMES MED OF MOST & MULL Harrison number.)					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH				
6 DATE OF BIRTH June 1, 1930 (Year)	that last saw h Malive on June 1, 19236				
7 AGE Rous If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at				
BOCCUPATION (a) Trade, profession or particular kind of work	/ Mos en Olero				
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.				
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs, mos, ds.				
10 NAME OF FATHER Rolf H Haveson	(Signed) Marshall B West M. D.				
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
OF MOTHER QUICE advisor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)				
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?				
(Informant) Rolf H Harrison	Former or ususl residence				
(Address) Octourulle Md	Loudon ack the 2, 19 30				
Filed 6/2 1923 Registras	Easton Sons Ellist lite				
If more banks are needed, addres State Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Civil engincer, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-," etc., For many occupations a single word or term on yr8). Farm laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Laborer-Coal mine, etc. Wom-But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feser (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart lanue," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; Nomenclature of the Mcasles;

At this certificate is looked over thoroughly and a'l qu stions answered in detail, i will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BORILLY BURN

No. 1

V. S.

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Exact

PLACE OF DEATH	0182 STATE OF MARYLAND		
County Ballemore	CERTIFICATE OF DEATH		
Village or City Fullerter P. D. No. Orchard P. 2FULL NAME William Hen	Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MODIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month)— (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 4 to 192 4. that I last saw hamalive on 192 4.		
7 AGE (Month) (Day) (Teal)	and that death occured on the date stated above at		
7/ yrs. 3 mos. 12 ds. 1 day Whrs.	The CAUSE OF DEATH * was as follows:		
(a) Trade, profession or particular kind of work (b) General nature of industry	Ohr interstitel rephilis		
business, or establishment in which employed or (employer)	Contributory de.		
9 BIRTHPLACE (State or country)	Secondary (Duretion)yrs,mos,ds.		
10 NAME OF GOTTLE Hartman	(Signed) A. H. Pseere M. D.		
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.		
of MOTHER Chipbith Streeter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs ds. In the State yrs ds. Where was disease contracted, if not at place of death?		
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Former or usual residence		
(Address) Fullyton R. J.D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL IS Servetay 1/24, 1930		
15 Filed 121 19230 Du France	Windertaker / ABORESS Park		
If more blanks are needed, addross State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.		

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housecn at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to ouch and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., nature of the business or industry, and therefore an Physician, Compositor, Architect, Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day who are engaged in the dutics of the (a) the kind of work and also (b) the mill; (a) Salesman. Laborer-Coal mine, etc. factory. The material Locomotive engineer, (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E. amples: Cerebros pinu four (the only definite synonym is "Epidemic cerebros simul meningitis"); Diphilheru (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"(Exhaustion," "Heart Janus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; Nomenclature " "Convulsions, not be etc., of

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A lthe data is exental and must be obtained before the certificate is permanently filed.

N B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD NICH, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE I 4. S. No. 1

	PLACE OF DEATH County Dallem	01385 STATE OF MARYLAND CERTIFICATE OF DEATH		
meale.	Village or City English Consul Me 2FULL NAME Elizabeth 7	Registration Dist. No. 4 V Mard) Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)		
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ack or	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEDZIA OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)		
d no suo	8 DATE OF BIRTH May 79 , 1859 (North) (Day) (Year)	that I last saw how elive on 19230		
instruct	70 yrs. 8 mos. Sds. or min.?	The CAUSE OF DEATH * was as follows:		
rtant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mrs ds.		
very impo	9 BIRTHPLACE (State or country) Bulls Ind. 10 NAME OF Judge Rasbard	Contributory Secondary (Duration) yrs mos ds. (Signed) 1920 (Address) 42 Tools		
ATION IS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UNRELEASE OF MOTHER OF MOTHER	*State the Discase Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Fiospitals, Institutions, Transfers or Recent Residents)		
occur	13 DIRTHPLACE OF MOTHER (State or country)	At place of death yis nos. ds. In the State yrs ds. Where was disease contracted, if not at place of death?		
tement of	(Informant) In I Have (Address) Informant Consul	Former or usual residence		
sta	15 Filed Jely 141930 Ger & Milester	amsky stewer Helia Requesting V. S. Koll		
	If more b.anks are naeded, addross State Registrar	i, to we saturday strip saturding the		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. "ever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As example: : a additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know 'a the ki: d of work and also (b the cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e.g., F. rmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, business, that fact may be indicated thus; Farmer (rereport For many accupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day specifically the occupations of persons en-Compositor, For persons who have no occupation Steliorary preman, et . Laborer-Coal mine, etc. Wom-Archi'cet, Locamotive engineer, duties of the But in many 6 Grocery;

Statement of Cause of Death—Name, first, the discrease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same discret. E amples: ('crebros_final fever (the only definite synchym is "Dipdemic gerebros spinal meningitis"; Diphtherm avoid use of 'Coup", Typhoid fever (never report "Typhoid Pheumonia"; Lobor meanance Bronchopnevenomia ("Pneumonia";

"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart when a de "Uraemia, "" "Weakness," etc., when a definite discarce atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perdonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisond by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOHICIDAL, State cause for which surgical operation was undercan be ascertained stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The neture of the injury Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved as fracture of skull, Recommendations on statement of cause of death interstitial nephritis, νď cough, Committee on Nomenclature as the cause. Chronic Example: Measles (disease etc. valendar heart Always qualify :.! The contributory " Shock not be

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1PLACE OF DEATH	10343	23	STATE OF M				
County Salto.		(3)					
1 1 P	0	110	Registration D	ist. No.			
Village or City Middle (No.	S/	Unick	St.:Ward)	(If denth occurred in a hospital or institu- tion, give ita NAME in- stend of street and			
2FULL NAME Traces	Hard	***************************************		number.)			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH					
Male While Single, MARRIED WIDOWEL OR DIVOR	RCED .	16 DATE OF DEATH	Lent (Month)	, 192 / -(Day) (Year)			
6 DATE OF BIRTH Sept (Month) (Day	, 1930 (Year)	that I last saw hu	19250. to	, 192 2,			
7 AGE yremos	If LESS than I day hrs. or min.?	The CAUSE OF DEA		bove, at			
(a) Trade, profession or particular kind of work		- Lell	l Bory	. 4			
(b) General nature of industry	***************************************						
business, or establishment in which employed or (employer)			(Duration)	de.			
9 BIRTHPLACE (State or country)		Contributory Secondary	(Dun-sin-)	yrs. mos. ds.			
10 NAME OF FATHER LOUIS OF THE	auf.	(Signed)	(, flu	we M.D.			
OF FATHER (State or country) (State or country)	md.	*State the I	Discase Causing Death,	or, in deaths from ury and (2) whether			
of MOTHER Katheleen	Van norus	The second secon	SIDENCE (For Hospit	als, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER (State or country) Acomu	Wash	At place of deathyrs	nosds. In the State	yrsde.			
(Informant) Leading of MY KN	aufs	Former or usual residence	L OR REMOVAL	DATE OF BURIAL			
(Address) / 6 · G. Sma	lewoods	Balto	Cemeley!	Oct 3 , 1930			
15 Filed Oct. 2 1923 0 John 5	Registrar f	20 UNDERTAKER A. Kra	usettow	103 Hanover			
If more bianks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.							



(Approved by U. S. Census and American Public Health Association.)

er," et ... should be used only when needed. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATHS gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return"Laborer," "Foreman," "Munager." "Deal-Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation -- Precise statement of oc-Housemuid, etc. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc Womwithout more precise specifi ation as Day For persons who have no occupation If the occupation has been changed Locomotive engineer, As e amples: (a)

Statement of Cause of Death—Name, first, the pismass causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uruemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by clunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic Carcinoma, Sarcoma,, etc., of etc. valvular heart disease; Nomenclature The contributory Measles ;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.) ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) and that death occured on the date stated above, at ... 7 AGE IIfLESS than I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration)yrs which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER ...192 (Address) 11 BIRTHPLACE RENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Wients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER vrs......ds. Where was disease contracted, if not at place of death? Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER Registrar If mora bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

taborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an cases, Civil engineer. Physician, state occupation at beginning cfillness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a Never return" Labore: "Foreman," "Lanager." "Tealwhatever, write Nonc. business, that fact may be indicated thus; Farmer [re-1] or given up on account of the DISHASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully einespecially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc Womyrs). (b) Collon mill; (a) Salesman. (b) man, (b) Automobile factory. The without more precise specification as Day Compositor, Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer, (6) The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the Discrease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

inges, perilonaeum, etc., Carcinoma, diseases resulting from childbirth or miscarriage "Puerperal septicaemia," "Puerperal peritonitis," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping Recommendations on statement of cause of death approved by Committee on Nomenclature of the idanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Sarcoma,, etc., of " "Convulsions,

If this certificate is looked over thoroughly and all questions anti-verted in detail, it will prevent further correspondence. A lithe district is elsential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDING	0
WITH UNFADING INKTHIS IS A PERMANENT CORD	
tion should be carefully supplied. ACE should be stated EXACTLY, PHYSI-SAUSE CF DEATH in plain terms so that it may be properly classified. Exact	PHYSI-
FION is very important. See Instructions on back of certificate.	

	1PLACE OF DEATH	12195 STATE OF MARYLAND
	County Saltissore	CERTIFICATE OF DEATH
		Registration Dist. No. 3/
V	illage or City belley swill (No. 2FULL NAME barroll Hass	St.: Ward) (If death occurred is a hospital or institution, give its NAME ir stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 7, 1930 (Month) (Day) (Year)
6	DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7	AGE 3/ yrs. // mos. /7 ds. or min.?	
	occupation (a) Trade, profession or particular kind of work fullman on limits (b) General nature of industry business, or establishment in	vad your bisloung to blute Hall (Duation) yes mos do.
9	BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
	10 NAME OF Edward Hawr	(Signed) 1920 (Address) Owner, Ald
	OF FATHER (State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Lillian G. Francis	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of death
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
	(Address) Westminster, Md	19 PLACE OF BURIAL OR REMOVAL BOTTE OF BURIAL MUOUTOUR CANALL BO COLO, 1933
	Filed Bet 7 1938 Min Poulte	Maries Rese Detuinster Ma
	If more b.anks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective ci cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. Housemoid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. Locomolive engineer, (6) Grocery;

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> approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid corbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsia, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondar, or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Mcasles (disease etc. The contributory valvular heart disease;

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(Approved by U. S. Census and American Public Health Association.)

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> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptomapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic etc. The contributory valvular heart disease;

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Spec.-2-29-28-L. F.5-500 Bks.

E OF	DEATH 3			_ =
		REGISTE	PED NO	33
		REGISTE		eath occurred in
	ST.	WARD)	a hosp	oital or institu-
1		,	tion, g	give its NAME of street and
Th			number	
L-C	ST.,	WARD		
	Translana	(If non-res		or town and State)
s ds.				
	MEDI	CAL CERTIFICAT	E OF DEATI	A
16 DA'	TE OF DEATI	I (month, day, and	year) Jul	41,1930
17				
				ended deceased from
	lay 5	, 19.30, to	Juay	18 , 19.30,
that I	last saw hoh	alive on	24 30V	, 19.30
		red, on the date sta	ted above, at	8.45 P.m.
11		TH* was as follow:		
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		manitie	OII)	
	RIBUTORY condary)		M	042++++++++++++++++++++++++++++++++++++
		(durat	ion)yrı	ds.
18 Wh	ere was diseas	e contracted	he.	
		death?		90.75
Did an	operation pre	cede death?	Date of	
Was th	here an autops	y? 200		
What	test confirmed	diamonda X-	rand (chest
	4.		100	
(Sig	gned)	· L. Sm	Laux	, M. D.
7/2	, 1930 (Addr	ess) 18 W	ENT R	ead St.
11 '				
state Suicida	tate the Discar (1) Means an al, or Homicide	d Nature of Injural. (See reverse sid	ry, and (2) le for addition	rom Violent Causes, whether Accidentai, al space.)
19 PL	ACE OF BUR	IAL, CREMATION	OR RE-	DATE OF BURIAL
	IOVAL	, 11		7/-
56	0rg /1	en Ha	mil	1/3 1936
20 UN	DERTAKER	1 1	. /	ADDRESS
11	1 1 0 1	6 /	3.	110 Lann

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[Approved by U. S. Census and American Public Health Assn.]

EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be Never return "Laborer, roreman, manuger, "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. has been changed or given up on account of the DISbe taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation receive a definite salary) may be entered as House-wife, Housework or At home, and children, not gain-fully employed, as At school or At home. Care should Foreman, (b) Automobile factory. The material worked on may form part of the second statement. "Manager," "Manager," "Manager," vided for the latter statement; it should only when needed. As examples: (a) work and also (b) the nature of the business or in-dustry, and therefore an additional line is proman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireword or term on the first line will be sufficient, e. g., respective of age. For many occupations a single The question applies to each and every person, iroccupation is very important, so that the relative Statement of Occupation.—Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) of various pursuits can be known. be used

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f Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ason Nomenclature of the American Medical Associastatement of cause of death approved by Committee nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on amples: Accidental drowning; Struck by railway train fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Exsulting from child birth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, Poisoned by carbolic acid-probably suicide. cause for which surgical operation was undertaken certained as the cause. Always qualify all diseases recurrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or inter-Chronic valvular heart disease; Chronic interstitial For VIOLENT DEATHS state MEANS OF INJURY and quali--accident; Revolver wound of head-homicide;

ADDITIONAL SPACE FOR FURTHER STATEMENTS

Shir patient war not seen by me after the thing of alated in withinker was given by the Price. In Should had shirtly all philes. Med.

PLACE OF DEATH

Voltor 310 180 gholas STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-

tion, give its NAME in stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

(Day) I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at

The CAUSE OF DEATH * was as follows:

*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

Hospitals, Institutions, Trans-IB LENGTH OF RESIDENCE (For

In the State.....yrs.....mos...

REMOVAL

DATE OF BURIAL

ADDRESS

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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answered in detail, it will provent further correspondence. All the data is essential and must be permanently flips.

CORD PERMANENT MARGIN RESERVED FOR BINDING AINEY, WITH UNFADING INK--THIS IS A WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Balto.	RES CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Cesser (No. No. No. 12 Pull NAME Cidsles 7)	Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal A COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 25 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH 10	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 7 8 yrs. 6 mos. 15 ds. or min.	. The CAUSE OF DEATH . was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Sound a flight of stairs cus of de. (Duration) yrs. mos de.
9 BIRTHPLACE (State or country) Balts. Ind.	Contributory Secondary (Duration) yts mos de
FATHER Am. Heck	(Signed) July Ph. 1930 (Address) Ossip M. D
OF FATHER (State or country) 12 MAIDEN NAME O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Colonora underheraft 13 BIRTHPLACE OF MOTHER (State or Country) Sermany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death
(Informant) William Treck	if not at place of dea.h?
(Address) lorsey are,	mt. Carnel Cem July 28, 19 3
Filed July 28 1920 John & Connelly Registral	John G. Connelly assx
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting Y. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, ".PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Chronic valvular heart disease, etc. The contributory Nomenclature

If this certificate is tooked to be thoroughly and all questions answered in detail-it will be wat further correspondence. All the data is essential and must be obtained sefore the certificate is permanently filed.



V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Gallimore	CERTIFICATE OF DEATH
	Registration Dist. No. 42
Village or City Halithank (No. 1849)	her Spring Robe: Ward) (If death occurred in hospital or institu-
2FULL NAME Lena Hedrie	6 hospital or institu- tion, give its NAME in- steed of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale Solor of Race 5 SINGLE, MARRIED, WIDOWED OR DIVORCES (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
EN. N. 1852	14, 1930 to Machille 30, 1920
(Month) (Day) (Year)	that I last sew har alive on flower 130,
7 AGE III LESS than I dayhrs.	and that death occurred on the date stated above, at
yrs. mos. 2 ds. or min.?	
8 OCCUPATION (a) Trade, profession or	Chronie My carolitis
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs mos ds.
9 BIRTHPLACE 10 11	Contributory Secondary
(State or country) Ballo, Ma	Durstion A. Troe. Troe.
10 NAME OF FATHER	(Signed) M. D. Shows
11 BIRTHPLACE	11/21, 1930 (Address) 1901 Griffics
OF FATHER (State of country)	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or County)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
and bleaner oble dringly	Former or psual psidence
(Informant)	19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) M. Dhm Sprma Sm.	London Jak amely mir 4, 1930
15 Filespore By le große Se	Junge L. Schwald Stoll Creak. and
If more hanks are needed addre a tate Registrer	16 W Saratova St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an etc., Foreman, to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The (b) Grocery; material Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the nephritis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The queswhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, O. For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material Grocery,

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stited unless important (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles, Chronic interstitial nephritis, W'hooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease, Example: Measles (disease chopneumonia (secondary), _etc. The contributory Nomenclature not be death

thoroughly and all questions r correspondence. before the certificate is All the

dations on a dations on a dations on a dations on a by Committee deal Association.

If this certificate is looked over answered in detail, it will reverbarth data is essential and must be obtain permanently filed.

PLACE OF DEATH	00892 STATE OF MARYLAND CERTIFICATE OF DEATH
County Services	Registration Dist. No. 37
Village or City Cuekussalle	St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street are number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	
7 AGE If LESS the day have a day or min	rs. The CAUSE OF DEATH * was as follows:
BOCCUPATION	ar terio Scleron
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	In tes to take negligibles (Duration) 2 yrs. mes.
particular kind of work (b) General nature of industry	In two to trial neglitor
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Bigned) (Bigned) (Address) (Development of the contributory (Address) (Development of the contributory (Address)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Daration) (Daration) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Violent Causse, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
particular kind of work (b) General nature of industry business, or est-blishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Contributory Secondary (Deration) (Deration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Sign
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Daration) (Daration) (Signed) (Signed)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary Cantributory Ca

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Nervant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement, Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of Foremon. first line will be sufficient, e. g. Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is neces-O yrs). Farm leborer, At Home, and children, without more precise specification as For persons who have no occupation (b) Automobile (a) the kind of work and also (b) the Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc factory. The muterial Locomotive not gainfully em-(b) persons cn-The quesengineer, Grocery; Wom-Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "phoid fever (never report "Typhoid Pneumonia"); "hobar pneumonia. Bronchopneumonia ("Pneumonia.")

as fracture of skull, and consequences (e.g., sepsis, lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Inanition," "Marasmus." "Uraemia," "Weakness," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. approved by Committee on (Recommendations on statement of cause of curbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" inges, perilonacum, etc., Carcinoma, Sarcona, American Medical Association.) Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. can be ascertained as the cause. (secondary or intercurrent) Chronic interstilial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mcre symptoms or terminal condicough; for malignant neoplasms); Chronic etc., when a definite disease Example: Measles (disease " "Old Aga affection need not be etc. valendar heart Nomenclature Always qualify all The contributory "Shock " discuse; M custes etc. of death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

S No. 1

PLACE OF DEATH	01386 STATE OF MARYLAND
County Maltinos	CERTIFICATE OF DEATH
	(129)
1 0	Registration Dist. No. 30
Village or City Catous or No. C. Spre	ng Trove of Serofo Ward) a hospitul or institu
	a hospitul or institu- tion, give Its NAME in
2FULL NAME (Relecca Hel	
	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 7
To the last wildowed named	Delight 7, 1923 O
Venidle Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	170 I HEREBY CERTIFY, That Lattended the deceased from
May 119 1867	July 14 1927. to Tele, 94, 1930
(Month) (Day) (Year)	that I last sew her alive on Lely 8 4, 1920
7 AGE If LESS than	and that deeth occurred on the date stated above, at 10 3-Pm.
- I day by	
62 yrs. 8 mos. 28 ds. or min.?	
B OCCUPATION .	
(a) Trade, profession or Houseur &	01 0 a = = 0 1060 +
(b) General nature of industry	Chr. Interstitial Nephritis
business, or establishment in	(Durstion) yrs. mos da
which employed or (employer)	Contributory asterio - Sclerosio
9 BIRTHPLACE (State or country)	Secondary
Mary Cared	(Duration) yrsmosds
10 NAME OF	(Signed) Wolet. Egarrett M. D.
yes. Marien	Felen G. 1928 (Address) Cafonarle Ma
U DI BIRTHPLACE	
OF FATHER Z (State or country)	"State the Viscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
D: 12 MAIDEN NAME C	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trung
a mary area wew acc	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER MOTHER	At place 2 yrs 6 mos 26 ds. In the 62 yrs 8 mo 28 ds.
(State or Country)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted land and all the
	Former or usual residence Dallo. Mil
(Informant) Hornan Helwig	
1011 211 21 1. No 20: 4 B's	M
(Address) 243/Washington Qd	st Canes Violetvill tol 12 10 90
15 File hold 10 Kyllastolit	20 UNDERTAKER ADDRESS
Filed 7-247 1980 C Mulliman Registrai	for foundaris you Der & Pan
If more banks are needed, addre.s tate Negistra	16 W. Shatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an the fit line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of fuluess of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. bulines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman, should be used only when needed. sary to know Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, Foreman, For many or At Home, and children, not gainfully eme-pecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as (b) Automobile factory. The material (a) the kind of work and also (b) the occupations a single word or term on Locomotive engineer, As examples: (a) (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEA ECAUSING DEATH (the primary affection with respect to time a.d causation), using always the same accepted term for the same dise se. Examples: Cerebrosphale for (the only definite synonym is "Epidemia cerebros inal meningiti"); Dinhlheria [avoid use of "Croup!"); Typhoid foor (nover report "Typhoid Fneumonia"); Lobur pneumonia, Brouchopneumonia ("Pneumonia")

American Medical Association.) "(E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by and qualify as accidental, suicidal or Homicidal, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and a'l qu'estions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed.

statement

63

	PLACE	OF DEA	TH			
Co	unty	Ballo	Con	noty.		
				U		0 1
Villa	ge or City	Cho	re p	de (N	· ·	bego
1	2 FI II	L NAME	Cat	herinas	_ 3	Em
		NAL AND S				
3 81			OR RACE	5 SINGLE,		
		Whe		MARRIEI WIDOWN OR DIVO (Write th	RCED	ned
6 DA	TE OF BI					
		91	(Month)	(Day	, 1	871
7 AG	161		(Month)	(Day		
, Au		5-8 yrs.	6	26	1 da	ESS than yhrs. min.?
(P)) General nusiness, or		stry t in			•••••
9 BI	(State or	country)	Jarlos	d bos	mte	
	10 NAME FATHE			Foley		
ENTS	11 BIRTH OF FA! (State	PLACE	1		124	
PARE	12 MAIDE OF MO	N NAME		Si	its	
	13 BIRTH OF MO (State		Most .	- Know	vn	
11 Т	HE ABOVE	IS TRUE T	го тик в	EST OF MY	KNOWL	EDGE
		geor				
	(Adda	(ess) the	De selection	d. loh	as	mel
15		1.4	- · Ass	1. 11	min	elle

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in hospital or institution, give Its NAME Instead of street and number.)

16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That Lattended the deceased from and that death occurred on the date stated above, (Duration) Contributory Secondary ... (Duration)yrs......mos.... (Address).....Q *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death Inthe State......yrs......mos......de. .. yrs. mos. da.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL

usual residence,

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease Causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day second statement. The material in many

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a defiuite disease rhage," "Inanitiou," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," couditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsious," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease Struck by railway The contributory "Coma," The na-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANENT BINDING WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF BEATH	02630 STATE OF MARYLAND
County Dellame	CERTIFICATE OF DEATH
o h i il	Registration Dist. No. 37
Village or City Cultury Note	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Ethe Bollen	tion, give its NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 6, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH Lehrey 19, 130 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920, that I last sew h A alive on 1920.
7 AGE (Month) (Yay) (Year)	11 0
l dayhrs.	
yrsmosds. ormin.?	
(a) Trade, profession or particular kind of work	Jamalina U3mlt
(b) General nature of industry business, or establishment in	162
which employed or (employer)	(Duration) yra. mos. de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duestion) ye mos de,
10 NAME OF RALLY Firehous	(Signed) M. D.
o 11 BIRTHPLACE	1920 (Address) Secretary
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER Chel Henry	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transfents or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deeth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Elher Henry	usual residence
(Address) Cichysul	Rida Cemely, Date of Burial March 7, 132
Filed May 7 1930 PM Benefit	20 UNDERTAKER ADDRESS Spenko 914
If more branks are needed, address Ltate Registra	r, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary Whooping cough; Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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WRITE

	PLACE OF DEATH County Call	10144 STATE OF MARYLAND CERTIFICATE OF DEATH
1	Village or City H George (No.	Registration Dist. No. 3 3 St.: Ward) (if death occurred in a hospital or institu
	2 FULL NAME ACMOUNTS T. A	stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED CON DIVORCED (Write the word)	16 DATE OF DEATH 1262 (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attanded the deceased from 1925 to 1925 that I last saw haliva on Defit 1 1925
	7 AGE If LESS than day hrs. or min.?	The CAUSE OF DEATH * was as follows:
-	(a) Trade, profession or particular kind of work	Chesone Irelands be followed
- to	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 18 mos. de
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs
	FATHER GENTY Allaley	(Signed) M. D
	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residants) At place
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs description of death yrs description of death yrs description of death?
	(Informant) Ming alueta Gorly	Former or usual residence
	(Address) Auduntour My	Druid Redge Cunty Aft 7 , 1930
	Filed 998 19270 17710 Registrar	1 F. Colina Resalessons M. J. 16 W. Saratoga St., Balto, Requesting V. S. No. 1.
	The state of the s	,

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

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BINDING	S IS A PERMANENT	d. ACE should be stated EXACTLY, PHYSI-
FOR B	SAP	ACE S
山	S	9

X	LY, PHYSI- fled. Exact	1PLACE OF DEATH CountyBaltimore	31) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9-38
CORD	d EXACTI	Village or City <u>EUDOWOOD SANATRORUM</u> , TOWSON. 2FULL NAME William May	MD. St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stend of street and number.)
	atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING	ld be sta ly be pro lack of c	3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July Jg , 1930 (Month) (Day) (Year)
R BIND A PERM	ACE should that it mattons on b	Sept. 3, 1908 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1930 to 1930, 19230, that I last saw h 12 alive on 150.,
ED FO	ms so Instruct	7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
SERV INK	refully suppling plant plant.	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Julmonoy V Inlederal fulleratores (Duration) yrs. 3 mos. 7 do.
MARGIN RE UNFADING	d be ca DEATH y impo	9 BIRTHPLACE (State or country) Manual Company	Contributory Secondary (Duration) Jis
2	Ver	FATHER /Lewry / Levald	(Signed) M. D.
WITH	AUSE ION IS	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
0	e C	of Mother Jourse Zemmern	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
AIR	f Inford stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs ds.
WRITE	shoul	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSPITAL Records Personal History (Informant)	if not at place of dea.h? UIIKIIO.WII Former or usual residence
W	Every it	Eudowood Sanatorium, Towson, Md.	19 RLAGE OF BURIAL OR REMOVAL PATE OF BURIAL
Z J	BEve	Filed July 29 19230 Mr. / Kull-	20 UNDERTAKER PROMISSION STORES
>	Z	If more branks are needed, address Ltate Registrar	r, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

If more banks are needed, addre s tate Registrar, 16 W. Saratoga St, Botto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, stated unless important. Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory Always qualify all

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PLACE OF DEATH	STATE OF MARYLAND
County 2011	CERTIFICATE OF DEATH
	Registration Dist. No. 38
Village or City Males (No. 1114 D	Ward) (If death occurred in a hospital or institu-
2FULL NAME	tion, give Its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule Single. Single Single. Male Mule Color or RACE SINGLE. MARRIED SINGLE. WHO WEST COLOR OF THE WORD OF	16 DATE OF DEATH March 10 Th, 1930. (Month) (Day) (Year).
6 DATE OF BIRTH March 10th, 1930	I HEREBY CENTIFY, That I attended the decembed from
(Month) (Day) (Year) 7 AGE (If LESS than	that I last aaw h Last alive on Market 10 197 D
l day 2 hrs.	
yrs. mos. de of min.?	bill.
(a) Trade, profession or	12 minute
particular kind of work	The Hard Control of the Control of t
(b) General nature of industry business, or establishment in	(Duration) (Duration) de,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration) was I not do
10 NAME OF	(Signed) // Color Mark N. D.
FATHER John A. Herbert.	March 10th 1920 (Address) 3005 March 19
OF FATHER (State or country) [State or country] OF FATHER OF F	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Patt & Brooks	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER BALLETINE	ients or Recent Residents) At place In the State
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) John A. Hurbert	usual readence
(Address) 1114 Overbrook Ro	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MCh/O , 1930
15 El Med. 10 1000 Mm / Gutter and	20 UNDERTAKER ADDRES Albuglde
Filed MIN 1900 Megistra	Travello 1/14 Brend Ch
If more banks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeandle laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meninatis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st.ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-

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PLACE_OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. Cord OR DIVORCED Write the word HEREBY CERTIFY. That I attended the deceased (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above. l day hrs. The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF II BIRTHPLACE ENTS *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER CAUS (State or country) IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE At place 14 yrs 11 mos 26 ds. OF MOTHER (State or Country) Where wes discose contracted, if not at place of death? EST OF MY KNOWLEDGE Filed Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Bolto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (o) sary to know (o) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Form loborer, Loborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material -Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Darryce	9 CERTIFICATE OF DEATH
D _	Registration Dist. No.
Village or City aston (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Heine White Single, Married, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH July 7 , 1930 [Month] 7 (Day) 1330 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Guly 1921) to July 7, 19270 that I last saw held alive on July 16, 1927
7 AGE If LESS than day hrs. da. or min.?	and that death occurred on the date stated above, at 1.220Cm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	The state of the s
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 14 ds.
9 BIRTHPLACE (State or country), Penassylvania	Contributory Secondary Cas Way Ma (Duration) yrs mos ds.
10 NAME OF blavence Herman	(Signed) Celler Do Hesser M. D. Quely 17 1930. (Address) White Hall Ing
OF FATHER (State or country) 12 MAIDEN NAME	State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Lavenia Snyder 13 BIRTHPLACE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Calarence Herman	Former or usual residence
(Address) Parton, Inc.	6. Levy Stiffler of Burial 20 UNDERTAKED ADDRESS
Filed May 1920 m - Continue to Negistrai	Mt Bion, Freeland 1252. North are
[/ If more blanks are needed, address that hegistran	, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm loborer, Loborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plankr, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on 10 At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol causing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " Uraemia, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E haustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; " "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory Measles;

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S. No. 1

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PLACE OF DEATH County Bollows ine	02632 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 36
Village or City (60) according Respond	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATMARK # , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH July 3 (Month) (Day) (Year)	Tell. 26 1930 to March # , 1930 that I last saw her alive on March # , 1930
7 AGE S S Mos. S S S S S S S S S	and that death occurred on the date stated above, at \$5 A.m. The CAUSE OF DEATH * was as follows: Compute Valuralar heart
(a) Trade, profession or particular kind of work (b) General nature of industry	diseus
business, or establishment in which employed or (employer)	Contributoryds,
(State or country) Balto Co. Md.	(Signed) Lay House M. D.
of FATHER (State or country) Mof- Ignory	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTE / Marsey.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) MIT Haware. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, if not at place of death?
(Informant) elles Oury Balser	Former or usual residence
(Address) (901-anneslig Road	M. E. Cen. Lleworking Man 6, 1930
15 File Mich 5 180 Stup Butter of Registra	Tourses Jon Tourses

If more banks are needed, addre.s State Registrar, (16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever; write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, ... that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEALD CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-circ (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably sucide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic etc. The valvular heart disease; Nomenclature of the contributory

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V. S. No. 1

N. B.

1PLACE OF DEATH	13550 STATE OF MARYLAND	
County Jallemore	CERTIFICATE OF DEATH	
En. VIA	Registration Dist. No. 32	
2FULL NAME CACKES U. S	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jewale Wheth (Write the word)	16 DATE OF DEATH	
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 1926	
7 AGE [If LESS than	and that death occurred on the date stated above, at 1115 P.m.	
byrs. 4 mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:	
a OCCUPATION (a) Trade, profession or Horus.	Viteris - Schroses	
(b) General nature of industry business, or establishment in	4	
which employed or (employer)	(Durstion)	
9 BIRTHPLACE (State or country) Mary Say	Contributory Secondary (Durstion) VIS. mos. ds.	
10 NAME OF FATHER Illeans L. Noll.	(Signed) M. D. M. D. M. D. M. D.	
OF FATHER (State-or-country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of mother are tellist	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) Mary land,	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	
(Informant) Au D. Mewell (Address) Eller M. Cit., W.	19 Place OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed 11/7 198 Blombing Registrar	20 UNDENTAKER Sous Clury Cil	
If more blanks are needed, addre.s State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation bas been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, ""Deal-

Statement of Cause of Death—Name, first, the DISPEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrbage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus," "Old Age," "Shock," Chronic etc. affection need not be valvular heart disease; Nomenclature of the The contributory

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V. S. No. 1

Z Z	a v		7
BINDIN	ACE should that It may I	6 0	DATE OF BII
FOR IS A	so tha	7 4	\GE
MARGIN RESERVED FOR BINDIN WITH UNFADING INKTHIS IS A PERMAN	m of Information should be carefully supplied. ACE should hould state CAUSE OF DEATH in plain terms so that it may int of OCCUPATION is very important. See instructions on bac	6	occupation a) Trade, practicular kir
RESE NG IN	hould state CAUSE OF DEATH In plaint of OCCUPATION Is very Important.	X(I	b) General rusiness, or o hich employ
FADI	be ca EATH Impo	9 E	State or co
MAR	ould OF D		10 NAME (
WITH	USE CON IS	STN	OF FATH (State of
	matie e CA PATI	PARENTS	12 MAIDEN
AIK	Infor stat Sccu		OF MOT
TE	hould	14	THE ABOVE

PLACE OF DEATH	14684 STATE OF MARYLAND
County Balts	CERTIFICATE OF DEATH Registration Dist, No. 3
Village or City Avordlawy (No. 2FULL NAME anny E	St.: Ward) (If denth occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year
6 DATE OF BIRTH (Month) (Day)	1883 (Year) I HEREBY CERTIFY, That I attended the deceased f 1929 to S. 193 (Year) that I last saw h Malive on S. 193
	LESS than and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	2
which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF John a Suus	(Signed) De Company (Signe
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Scrap & Bry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmos. ds, State yrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Overdlassy	2nd Old To Catholis Com Street 3. 19
15 Filed Art 8/ 1988 4 7 Ships	20 UNDERTAKER PADDRESSA Ellestha
	e Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Typhoid fever (never report "Typhoid Pneumonia") s; inal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaenia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Rccommendations on statement of cause of death (secondary or intercurrent) cough; Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. The contributory affection need valvular heart disease; not be

permanently filed. data is e answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions n detail, it will prevent further correspondence. All the sential and must be obtained before the certificate is

	Co	PLACE OF DEATH unty Balturiore	STATE OF MARYLAND CERTIFICATE OF DEATH
		nour Phoenia	Registration Dist. No.
tlficate.	Villag	2 FULL NAME Walter Hick	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
certifi		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 8E	Married Windows Married Wildwick Wildwick (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attanded the deceased from
ctions or	6 DA	TE OF BIRTH Teb 28 (Month) (Day) (Fear)	
Instruc	7 AGE	23 It LESS than I dayhrs.	The CAUSE OF DEATH & Gas as follows
Se	源(a)	Trade, profession or Labour	Coursel array the elest gey
ortant.	(b) bus	General nature of industry siness, or establishment in ich employed or (employer)	(Duration) yrs. mos. ds.
duil	9 BIR	(State or country) West Via,	Contributory Secondary
8 Ver		10 NAME OF JAN. Hickaman	(Signed) William (Solorelly) M. D.
20	N -	II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
S C C C	PA	OF MOTHER SIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
2	-	(State or country) West Way,	At place of death yrs mosda. In the State,yrsmosda. Where was disease contracted,
ouna	14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
I COLL	(1	(Address) Jose Kentucken	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
310	is Fil	100 9 20 20 20 100	Jound Son Jours Towen
1		If more blanks are needed, pldress State Registrar.	W. Saratoga St., Balto., Requesting V. S. No. 1 /Vo

14685

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite safary), may be entered as Housewife, House household only (not paid Housekeepers who receive a work, or At Home, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (u) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient. e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day For persons who have no occupation and children, not gainfully em-The material in many Wom-

Statement of Cause of Death—Name, first, the ms-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on Nomeuclature of the American Medical Association.) head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State eause "Puerperal septicaemic," "Puerpiral peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Oid Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia vuisions," ary), 10 ds. Never report mere symptoms or terminal stated uniess important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; (name origin; "Cancer" is less definite; avoid "contributory." "Debility" ("Congenital," "Schile," etc.) Accidental drowning; Struck by railway for which surgical operation was under-(Rocommendations on state-Example: Meastes "Anaemia" (merely Always qualify all The contributory "Соша," Measics; (second-(disease ..(Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 PLACE OF DEATH County Wiltingto	08487 STATE OF MARYLAND CERTIFICATE OF DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Registration Dist. No.
Village or City Catousirles. Grings	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH July 30", 19830 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hamalive on feely 30 , 1923 Q
7 AGE 23 yrs. 0 mos. 0 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Courcion / yis mos ds.
9 BIRTHPLACE (State or country)	Contributory Mans Depressing Agriculture Secondary (Duration) yrs. 6 mos. ds.
10 NAME OF SEVERAL M. Hicok Dr.	(Signed) Of the Garage M. D. Ruly 36"1920 (Address) Catouarllo M.
OF FATHER (State or country) 12 MAIDEN NAME	/*State the Placase Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susanfayre	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos. B. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted that the state of de alk
(Informant) M. Rikest Ir.	Former or usual residence Kellemoth Mil
(Address) 3706 At Clarks St	Soudon Ok. Gem DATE OF BURIAL
Filed 7 19 Registras	Harry H. Witzke, 4101 Edmondson
If more banks are needed addre. State Kegistran	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-played, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, e-pecially in industrial employments, it is necesthe first line will be sufficient, e g. . Farmer or Planter, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, tion applies to e ch and every person, irrespective ci fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) home, who are engaged in the duties of the yrs). KILOW many occupations a single word or term on For persons who have no occupation Stationary freman, et .. (a) the kind of work and also (b) the Automobile factory. The material Salesman. Locomolive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal facer (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E.haustion," "Heart tanue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) telanus) may be stated under the head of "contributory." "PUER ERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. (secondar/ or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, diseases can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature cough; ChronicExample: Measles (disease etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied

9. S No. 1

PLACE OF DEATH County Balto	08488 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Modelawans. MA 2FULL NAME A. Howard H	Registration Dist, No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed. Male White Single, Married, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH JULY 35, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH March 30, 1861	17 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE 69 yrs. 3 mos. 3-5 ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or Butcher particular kind of work	rephilo
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Q yrs. mos. ds.
9 BIRTHPLACE (State or country) Balto Md	Contributory Secondary (Durstion) ysa mos. ds,
10 NAME OF Wattheas Heatymas	(Signed) William Truy M. D. 26/33 192 (Address) 728 Person In
OF FATHER (State or country) 12 Maloen North	*State the l'is ase Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MARGALT GOOL 13 BIRTHPLACE OF MOTHER (State or Country)	IS LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Former or usual residence
(Address) Hoodlawn	Loudon Park July 78 1930
Filed roll 76 - 192 2 File 1 . B Registras	Wm & Ticknewoons X & Sa
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefere an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cl Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and çausation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typho'd fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic etc. The contributory valvular heart disease;

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Il R. M. Frey he

BINDING

FOR

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HEALTH DEPARTMENT—CITY OF BALTIMORE.

1:27	S	pec.—1-10-21—M	&T-1500 B	68.				0.01.00
sta UP A		HEALTH DEPARTMENT—CITY OF BALTIMORE 06475						
S should of OCC	X	01-PLACE		TH Des			e of Death. B	GISTERED NO. 4
PHYSICIAN act statement	P	2-FULL N	IMORE	Baly	Hil	binge	ST., WARD	a hospital or institu- tion, give its NAME instead of street and number.)
EX		(U Length of residence	sual place o	f abode)		mos.		t give city or town and State) yrs. mos. ds.
NT R CTLY ied.		PERSO	NAL AND	STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICA	TE OF DEATH
ANENT SXACTI lassified.	3 5	EX	COLOR	DR RACE 5	Single, Marrie	d, Widowed,	16 DATE OF DEATH (month, day, and	year) 19
S A PERMAN be stated EX. properly class certificates.	-	If married, win HUSBAND (or) WIFE	dowed, or of		songe	. (write the word)	17 I HEREBY CERTIFY, Jesse 3 ,1930 , to J	Tune 3 1930
A B proj	41	DATE OF DIE	TU (month	day and use	Many.	3,1930	that I last saw halive on	
THIS IS should b may be back of	5	AGE months store.	Years	Months O	Days	If LESS than 1 day, hrs. ormin.	and that death occurred, on the date stat The CAUSE OF DEATH* was as followed.	ows: E,5.7
PLATIX, WITH UNFADING INK- nould be carefully supplied. AGE: OF DEATH in plain terms, so that it very important. See instructions on	000	(a) Trade, preparticular kir (b) General results business, or ewhich emple (c) Name of BIRTHPLACE (State or count of NAME Of 11 BIRTHPL (State or count of 12 MAIDEN	rofession of of work, nature of in establishme byed (or en employer and control of the control o	dustry, nt in	y Best. ty or towo Sta	ml.	(duration) CONTRIBUTORY (Secondary) (duration) 18 Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed) (Signed) (Address)	yrs. mos. di
-WRITE mation sl CAUSE C	14	(State or co	R.O.	The	mig	e p	19 PLACE OF BURIAL, CREMATION MOVAL	
m	15	(Address)	1 4	0	1	0 7	20 UNDERTAKER	ADDRESS

Registrar

[Approved by U. S. Census and American Public Health Asso.]

salary), may be entered as Housewife, Housework, home, who are engaged in the duties of the household vided for the latter statement; it should be used only or industry, and therefore an additional line is profreman, etc. But in many cases, especially in indusor term on the first line will be sufficient, e. g., spective of age. For many occupations a single word question applies to each and every person, irrehealthfulness of various pursuits can be known. The occupation is very important, so that the relative occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no from business, that fact may be indicated thus: state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed in domestic service for wages, as Scrvant, Cook report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as only (not paid Housekeepers who receive a definite Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer, "Laborer," "Foreman," "Manager," "Dealer," etc., form part of the second statement. Never return Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the tect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, Compositor, At school or At home. Statement of Occupation .-- Precise statement of Care should be taken to Archi-

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumenia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertoneum, etc., Carcinoma. Sarcoma, etc., of cancer" is less definite; avoid use of

INJURY and qualify as ACCIDENTAL, SUICIDAL, "PUERPERAL septicemia," "PUERPERAL peritonitis," "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemorsymptomatic). "Atrephy," "Coliapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to undertaken. diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Aiways qualify all vulsions," "Debility" ("Congenital," "Senile," etc.), the American Medical Association.) death approved by Committee on Nomenclature of wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. -probably suicide. The nature of the injury, State cause for which surgical operation was (Recommendations on statement of cause of for malignant neopiasms); FOR VIOLENT DEATHS State MEANS OF g., sepsis, Measles;

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. ECORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	. 09099	STATE OF MARYLAND
County Baltimore	04033	CERTIFICATE OF DEATH
Village or City White marcho.	912)	Registration Dist. No. 46
2FULL NAME James M. Hill		St.: Ward) a hospitul or institu- tion, glva its NAME in- steed of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	L DERTIFICATE OF DEATH
Male White Single, Married, Willowed. Single OR DIVORCED (Write the word)	16 DATE OF DEA	(Month) (192) (Year)
mayoh 4, 1836 (Month) (Day) (Year)	1/10/	CERTIFY, That I set would the deceased from
7 AGE IfLESS than		red on the date stated above, at 1230 Pm.
94yrs. 0 mos. 19 ds. or min.	. The CAUSE OF DEAT	H * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Narter	J. Selvosia
(b) General nature of industry	- LATANA	The state of the s
business, or establishment in which employed or (employer)		(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Washing from & C,	Contributory	(Durstion) yrs mos de
10 NAME OF ANKALOW	(Signed) J. F. K	- gorsuch M.D.
o 11 BIRTHPLACE		(Address) 40 / R
C (State or country) when	*State the I)i Violent Causes, sta Accidental, Suicidal	sease Causing Death, or, in deaths from the (1) Means of Injury and (2) Whether or Homicidal.
of Mother Unknown	18 LENGTH OF RES	IDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs	In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contr if not at place of dead	acted,
(Informant) Benjamin to Cullinn	Former or usual residence	
(Address) White March mal!	Cambo Chale	el ameler March 25, 1930
15 Filed 3, 24 192 0 J.F. H. Yorn on Registrar	Trederick Las	nahnatons Fideston
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., E	Salto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic valvular heart disease; " "Coma," "Convulsions, etc. The Nomenclature contributory Measles;

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S. No. 1

5

N. B.

Exact

PLACE OF DEATH	STATE OF MARYLAND
Ball	CERTIFICATE OF DEATH
County Jav 5	(62) Registration Dist. No. 37
Village or City Bayrolla (No.	St: Ward) (If death occurred in the street and street a
2FULL NAME Lily AME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 4 18 1930	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 4 alive on 4 1922
7 AGE [If LESS tha	
yrs. mos. ds. or min	
6 OCCUPATION (a) Trade, profession or particular kind of work	Marin J. t. Sansi Caralle
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration), wrs. mos. d
9 BIRTHPLACE (State or country) Balt Co Ind	Secondary (Duration) yrs
10 NAME OF Bud Hill	(Signed) MShumantin M. 1 4-19 1982) (Address) Jacks M
U BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Parl menuliar	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, State,yrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Bud Hell	Former or usual residence
(Informant) Will Property Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Oaviviii ////	Mayrille Cernibery A DDRESS
Filed Guil 19 190 Mancies HBlan Local Registras	ma C. Birrho & Sms Sfachs
If more banks are needed, addre s tate Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02027

(Approved by U.S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation Solesman. single word or term on Locomotive engineer, As examples: (a) duties of the (b) Grocery;

Streement of Cause of Death—Name, first, the Dis-EA-5 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fower (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory rabular heart disease; Always qualify all Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

[Approved by U. S. Census and American Public Health Assn.]

of illness. If retired from business, that fact may be etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary) may be entered as House-Never return 'Laborer, roreman, romanne, 'Dealer,' etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or inwho have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). EASE CAUSING DEATH, has been changed or given up on account of the bispersons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation be taken to report specifically the occupations of wife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should man, etc. But in many cases, especially industrial Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, word or term on the first line will be sufficient, e. g., respective of age. For many occupations a single The question applies to each and every person, iroccupation is very important, so that the healthfulness Statement of Occupation .- Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) for the latter statement; it should and therefore an additional line is of various pursuits state occupation at beginning can be For persons be used known. relative pro-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

tion. mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ason Nomenclature of the American Medical Associastatement of cause of death approved by Committee sequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on nature of the injury, as fracture of skull, and conamples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. Poisoned by carbolic acid-probably suicide. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probcause for which surgical operation was undertaken septicemia," sulting from child birth or miscarriage as "PUERPERAL certained as the cause. Always qualify all diseases re-Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report nephritis, etc. The contributory (secondary or inter-Chronic valvular heart disease; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, For VIOLENT DEATHS state MEANS OF INJURY and quali--accident; Revolver wound of head-homicide; "Puerperal peritonitis," Chronic interstitial elc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



PLACE OF DEATH	03988 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 3A
Village or City SattersvelleNo. 20	Mard) (If death occurred in a hospital or institu-
2FULL NAME Mary & Hill	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED.	16 DATE OF DEATH ON A
Terrale Sorred OR DIVORGED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	typat I last saw h M alive on Opril 20, 1930.
7 AGE If LESS than	and that death occured on the date stated above, at 3. 40 Pm.
25 yrs. 2 mos. / da. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Pulse Tiller Vale
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion) yrs de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF THE STATE OF STATE	(Signed) MD
Thos Aguerral	4-23 pr (Address) 703 W Lofa ette
OF FATHER Z (State or country) Carredel Co Mes	set to the Discoon Couring Double of the Balta
L 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER GOLGINA Laures	18 LENGTH OF RESIDENCE (For hospituls, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Brevoll Co Med	At place In the of death yrsmosds. State yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) has A Squerrel	Former or usual residence
1 2. A + & Batow	PLACE OF BURIAL OR REMOVAL
(Address) 10/ /melefler velle The	Thusville leur leprit 74,30
Filed / 195 Hollanden	POUNDERTAKER DODRESS STATE
Registra.	grund Newsley Modales
If more b.anks are needed, addrosa Syste Registrar	, 16 W. Saratoga St., Balto., Requesting VVS, No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more percentage and mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. sary to know (a) the kind of work and also (b) the state occupation at beginning cfillness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocguged in domestic service for wages, as Servant, Cook, en at home, w worked on may form part of the second statement. Physician, Compositor, tion applies to each and every person, irrespective of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emde er return 'Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed hou shold only and paid Housekeepers who receive a ilness of various pursuits can be known. ation is very important, so that the relative health report specifically the occupations of persons entite salary), may be entered as Housewife, House-For many occupations a single word or term on yrs). without more precise specification as Day For persons are engaged in the duties of the Architect, who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

State cause for which surgical operation was understated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart indure," "Haemorrhage, atic), "Atrophy" "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"PJERPERAL septicaemia," ""UERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 dx. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory as fracture of skull, and consequences (e. g., sepsis, curbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway train or as probably such, if impossible to determine definitely. can be ascertained as the cause. American Medical Association. FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. valrulor heart Always qualify all The contributory Meusles ; disease;

If this certificate is toked over thoroughly and a I qu fins answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the cartificate is permanently filed.

高	XACTLY, I classified cate.
WRITE AIN, WITH UNFADING INKTHIS IS A PERMANENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE	Clans shoul statement of

V. S. No. 1

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PLACE OF DEATH County: Paller & Village or City Naluly (No. Sn	STATE OF I CERTIFICATE Registration I	OF DEATH Dist. No. 4/2
2FULL NAME The Bon Helen	-	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	F DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sull G (Month)	, 192 (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I att	
Jefor a 950	192 to	, 192
(Mohth) (Day) (Year)	that I last saw halive on	, 192
AGE O yrs. O mos. O ds. or O min.? O CCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	prous (Duration)	above, at
State or country) Calle G _ Mid.	Contributory Secondary (Duration)	
10 NAME OF FATHER Cleker Tollary Ir.	(Signed) / Teder V. / Se Sept 5 19250 (Address) / The	wer M. D
Z (State or country) Med .	*State the Use ase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
12 MAIDEN NAME OF MOTHER VINGINIA OF MOTHER OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stat	yreds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	
(Informant)(Aodress)	19 PLASE OF BURIAL OR REMOVAL	Som 4
	20 UNDERTAKER	ADDRESS

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm loborer, Laborer-Coal mine, ctc. Wom-(b) Cotton mill; (a) Solesman, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S No. 1

PLACE OF DEATH	01387 STATE OF MARYLAND CERTIFICATE OF DEATH	
County	Registration Dist. No. 44	
Village or City Long Beach 2FULL NAME Ida Hisch	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stend of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jensh Shite Single, MARRIED. WIDOWED. Jensh Shite OR DIVORCED (Write the word)	16 DATE OF DEATH	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from	
(Month) (Day) (Year)	that I last saw halive on, 192,	
7 AGE If LESS than I day hrs. 1 day hrs. or min.?	and that death occurred on the date stated above, at	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	fobat Ineumoria (Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) Jennary	Contributory Secondary (Dwation)	
10 NAME OF Herman Miller	(Signed) Japole Hallman Coronar M. D.	
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisesse Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Ladie Lidsiah	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)	
OF MOTHER (State or Country) Lermany	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h? Former or usual residence	
(Address) Long Buch	Torrame Cemelary 2/8/, 1930	
15 Filed 2/8/ 1930 John G. Cormelly Regions	20 UNDERTAKER Connelly Cossex	
If more blanks are needed, addre.s Ltate Negistras	16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.	

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(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Cout mine, etc. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Never return" Laborer,"" For man," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day Cotton mill; (a) Salesman, (b) (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJU.Y State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	(If death occurred a hospital or instit tion, give its NAME is stead of street a	tu i i
	number.)	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH & Com 17 4	, 1,30
(Month) (Day)	(Year)
17 / I HEREBY CERTIFY, That I attended th	e decemed from
fau 15 1000 to fau 17	193
17 I HEREBY CERTIFY, That I attended the fact of the fact of the fact of the last aaw had allve on fact of the date stated above, at and that death occurred on the date stated above, at	9 4
The CAUSE OF DEATH * was as follows:	
Edeura & Lungs	
	A
(Duration) 4vre	mos 4 hr
Contributory Cerebral Human	hoge
Q Q Duration) yrs.	mos. Zd
(Signed) G. G. Mehals	М. С
1-17 1930 (Address) Pollisve	a my
*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.	deaths from
18 LENGTH OF RESIDENCE (For Hospitals, Inst	Itutions, Trans

of death yrs mos ds.	In the Stateyrsmos		
Where was disease contracted,			

if not at place of dea.h?

Former or sual residence

ACE OF BURIAL OR REMOVAL

If more banks are needed, address Ltate Registrar, 16 W. Saratega St., Balto., Requesting V

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a)additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houselaborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrosping EA. 3 CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pncumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept. pneumonia, Bronchopneumonia ("Pneumonia,

> @ approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injudy (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valuular heart disease;

answered in defail, it will prevent further correspondence. All the answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all questions

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N. B.-

PLACE OF DEATH	\$686 STATE OF MARYLAND CERTIFICATE OF DEATH
0	(37) Registration Dist. No. 32
Village or City Hansen (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX A COLOR OR RACE SHINGLE, MARRIED, WIDOWED. OR SHORCED (Write the word)	16 DATE OF DEATH , 1936 , 1936 (Month) / (Day) (Year)
6 DATE OF BIRTH April 77 (Month) (Day) (Year)	that I last saw has alive on Deletter 1982.
7 AGE 63 yrs. mos. 27 ds. or min.?	
particular kind of work	Dague Tangyue
(b) General nature of industry business, or establishment in which employed or (employer)	Description) Jore X mgx de
9 BIRTHPLACE (State or country) Batty Co-Zeef	Contributory Secondary Durajon yearly mode de
10 NAME OF FATHER SAURING STATE COOK	(Signed) (Address) Della State (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER US Country	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Bultu Co. Dud	ients or Recent Residents) At place In the State yrs
(Informant) all HitchCock	Former or usual residence
(Address) 4 april 10	Please of Burial OR REMOVAL DATE OF BURIAL DILL 314, 1974
15 Filed Ste / 1930 EE Mchas	20 UNDERTAKER ADDRESS BALLEVOU
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Automobile factory. The material Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, periionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. valvular heart The contributory Always qualify all not be disease;

If this certificate is looked over the output and all questions answered in detail, it will prevent further correspondence. All the data is essential and part by blained before the certificate is permanently filed.



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Exact		PLACE OF DEATH				
-		County Delto				
be stated EXACTLY, P be properly classified. ck of certificate.	Vil	lage or City Tobus (No	,			
ated EXAC operly clar certificate	2FULL NAME 1300 HUSCU COLO					
rop	_	PERSONAL AND STATISTICAL PARTICULARS				
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Inform state occupy		13 BIRTHPLACE OF MOTHER (State or Country)	10			
of o	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	i			
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M C M	15	CINIA 30 GETINALA	100			

16146 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death a hospitel tion, give It stead of number.)	occurred in or institute NAME in street and
L CERTI	FICATE O	F DEATH	
Kep	13	TH.	192

(Month) (Day) (Year). That I attended the deceased

and	that death	occurred on the date stated above, at
The	CAUSE OF	DEATH * was as follows:
	10	1000
	All	1 Born

Contributory Secondary	, 172, 177, 177, 177, 177, 177, 177, 177
(Signed)	(Duretion)

Causing Death, or, In deaths from (2) Whether Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of deethyrsmos,ds.	In the
of deethyrsmosds.	Stateyrsmos
W/L Jisses contracted	

f not at place of deeth?

MEDICA

6 DATE OF DEATH

Former or usuel residence

9 ALACE	OF	BURIA	L OR	REMOVAL	
Mona	6.	V/	408	REMOVAL	-

20 UNDERTAKER

DATE	OF	BUR	IAL
(1/V).	1.		21
DAM	4-	-	14
************	4	9	

D.

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory affection need heart disease; not be

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wager, as Scrumt, Cook, to report specifically the occupations of persons enployed, as At "chool or At home. Care should be taken work, or At Home, definite salary), may be entered a. Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary firemen, etc. But in many tired 6 yrs.). or given up on account of the DISKASE CAUSING DEATH, Housemuid, etc. whatever, write None. Statement of Occupation Precise statement of oc For many occupations a single word or term on For persons who have no occupation If the occupation has been changed and children, not gainfully em-The material

Ease carrent of tause of Death—Name, first, the Disease carrent of tause of Death—Name, first, the Disease carrent obtain the primary affection if the espect to time and causation), using always the same accepted term for the same disease. Examples: *Corebroke and fever (the only definite synonym is "Epidemic errebro spinal meningitis"); *Diphtheria* (avoid use of "(roup"): Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HEMICIDAL, OF State cause for which surgical operation was under-"PTERFFRAL septicaemia." "POERFERAL poritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase rhage," "Inauttion" "Marasmus," "Old Age," "Shock," "Drobsy." "Exhaustion," "Heart vulsiens." symptomatic), "Atrophy," "Collapse," conditions, stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Anddontal drowning; Struck by railway FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." (Recommendations on statesuch as "Asthenia." "Anaemia" (merely "Debility" ("Congenital," "Senile," etc.), Example: Mcastes failure," "Haemor-"Coma," Meastes; (second-(disease etc.

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V. S. No. 1

		PLACE OF DEATH	STATE OF MARYLAND
		County/Ballmore	CERTIFICATE OF DEATH
		A C C C	Registration Dist. No. 43
•	Vi	illage or City Overlea (No. 10 E. Col	VEALEG CIVE Ward) (If death occurred in a hospital or institu-
certificate		2FULL NAME Swah C: Hof	ion, give its NAME in- stead of street and number.)
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1904 29, 1930
s on b	6	DATE OF BIRTH luly 11 1874	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
lon		(Montil) (Day) (Year)	that I last saw how alive on Oct 29, 1930,
ructi	7	AGE If LESS than	and that death occurred on the date stated above, at 145 P.m.
nst		56, yrs. 3 mos. 18 de. or min.?	The CAUSE OF DEATH * was as follows:
See	4	(a) Trade, profession or of Home	Lolar Mennana
ant.	E	(b) General nature of industry	(Duration)yrs/mos_3 _ds.
porta	-	which employed or (employer)	Contributory Acarte Mychita
m		(State or country) Bul hynore Md.	Secondary (Duration) yrs mos / 4 ds.
very		10 NAME OTHER Thos. Sarrison	(Signed) DSLy Political M. D.
(C)	TS	11 BIRTHPLACE OF FATHER OF FATHER 24	(Address) Lev HIVPOURAN
0	R	(State or country) Sattemore Ma	*Stile the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	PAR	OF MOTHER Mary D. Levider	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
200		13 BIRTHPLACE OF MOTHER	At place In the
0	7/	(State or Country)	of deathyrsds. Stateyrsds. Where was disease contracted,
10 10	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
mer		(Informage) Me Costo for Esses	19 PLACE/OF BURIAL OR REMOVAL DATE OF BURIAL
tate	-	(Address) 106, ook lea ave	Parkwood Quetery nov. 2, 1,30
00	15	Filed 1// 1923 D. a. Fritz M. J.	20 UNDERTAKER ADDRESS
	_	Registrar	tredt Sossahmo Jon 140/Belger Go

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If more blanks are needed, addre-s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, arrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebras pinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

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No. 1	- (
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PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200
Village or City EUDOWOOD SANATONSUM, TOWSON, 2FULL NAME Joseph Dele	MD. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	Sep tember (Month) (Day) (Year)
march 19, 1885 (Month) (Day) (Year)	that I last saw him alive on Lagot 30, 1930.
7 AGE #5 yrs. 5 mos. 5 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Oulm Ub
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Bulkinere	Contributory Secondary (Durstjon) yrs. mos ds
10 NAME OF FATHER Peter Holher 11 BIRTHPLACE	(Signed) M. D. Maryland M. D. Maryland
(State or country) Bohemia, Cumpl.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Barbara Polarny 13 BIRTHPLACE OF MOTHER (State or Country) 13 Shemia Europe	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translenta or Recent Residents) At place of death yrs mos. ds. Where was disease contracted, Tinken Own
Hospital Records Personal History	where was disease of deals Unknown Former or usual residence Battimer &
Eudowages Sanatorium, Towson, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 19 PLACE OF BURIAL ADDRESS ADDRESS
Filed of 190 (ful Outer of	To undertaker Anch Ama 1906 otich ha

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housegaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal nine, etc. women at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(o) Foreman, Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee of as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association, (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions," peritonacum, etc., Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Carcinoma, Sarcoma, etc., of affection need not be etc. The valvular heart disease Nomenclature of the contributory Measles ;

data is essential answered in detail, it permanently filed. If this certificate is looked over tho ughly and a'l qu stions nswered in detail, it will prevent further correspondence. All the

will be brained her the certificate is

			3.5.
Registration	Dist.	No.	0.7

Village or City Catonsvill

Edmondson Ave.

fit death occurred in a hospital or institution, give its NAME instead of street and number.]

	² FULL NAME Fra	nklin Holland	1	a nespiral or matriction, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX' 4 COLOR OR RACE 5 SINGLE MARRIED, Married Wildows D. Married OR DIVORCED Write the word)		16 DATE OF DEATH October 25, 1930 , 79% (Month) (Day) (Your		
6 DA	те ог віятн	(Day) , 7 8:57 ((Day) (Year)	that I last saw him alive on Och	124 19130
	73 yrs. 4 mos. 2	5 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follo	
par (b bus wh) Trade, profession, or ticular kind of work) General nature of industry chess, or establishment in chemployed (or employer) RTHPLACE (State or country) Sorrell, Ca	nada	Contributor Cerebial em Secondary Meart sugarine (Duration)	TIL 7 MOR do
RENTS	" BIRTHFLACE Canton, Ma	ine	*Siate the Disease Causing Death, or Causes, state (1) Means of Injury; and Suitcipal or Homicipal.	, in deaths from VIOLENT
14 TI	13 BIRTHPLACE OF MOTHER Margaret An (State or country) Sorrell, (Reabove is true to the Best of M	Canada Y KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place is the	The state of the s
32	Rolling Rd. near F			DATE OF BURNAT 30

***************************************	(1		(Day)	(Year)
17 I HEREBY CE				
Ost 11"				
that I last saw him.	alive on	Port	44	, 191
and that death occur	red on the d	ate state	ed above, at	4.4.A.n
The CAUSE OF DEAT	H * was as	follows		
	7			
Kotan 1	nem	none	٧	
	······	* 4		**************
***************************************	(Du	sration)	J78	15
Contributor	ebial-	emb	olism.	
Bush sugari	(Du	iration)	yrs m	6a
(Signed)	as lu	nece	u	
Col Este 19170	(Address)C	reder	ville.	Md.
*State the DISEASI CAUSES, state (I) MEA	CAUSING DE	ATH, or, in	deaths from 1	VIOLENT

plain terms, so that it may be properly classified. Exact statement of See instructions on back of certificate. UNFADING C DEATH DEATH important CAUSEO should state CA

PERMANENT BINDING

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REGISTRAR

20 UNDERTAKER If more blanks are worded address State Registrar, 18 W. Saratogs St., Balto., Requesting V. S. No. 1.

ADDRESS 1003 West

Oct.

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to sugincer, For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Stotionary fireman, etc. But in many cases, Women at home, who are engaged in Locomotive engineer, If retired from of age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fewer (never report "Typhoid pneumonia"); Inhur pneumonia. Bronchopneumonia ("Pneumonia"); Inhur pneumonia. Bronchopneumonia of lungs, menistrational distribution of lungs, menistration of lungs.

state MEANS OF INJURY and qualify as accidental, on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated SUICIDAL, OF HOMICIDAL, OF AN probably such, if impossible to determine definitely. Examples: Accidental drowning: Surgical operation was undertaken. For VIOLENT DEATHS on Nomenclature of the American Medical Association.) suicide. head-homicide; Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 de. Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Meosles, Whoeping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of The nature of the injury, as fracture of skull Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Com-The contributory (secondary or intereur-Poisoned "PUERPERAL septichaemia," by carbolic acid probably State cause for which Never report mere (Recommendations "Exhaustion," important. mound

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Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scroot, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise stutement of octo report laborer, Foreman, or Al Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Loborer--('oal mine, etc. Wom-nome, who are engaged in the duties of the (b) Catton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-For persons (b) Automobile factory. The material who have no occupation (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease the cause. Always qualify all tetanus) may be stated under the head of "contributory." corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as ", Exhaustion," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Recommendations on statement of cause of proved by Computer on Nomenclature and ical Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy,' haustion," "Heart failure," "Haemorrhage,' perilonocum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid Chronic valvulor heart discose; etc. The contributory

If this certificated to will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied

STATE OF MARYLAND

County Ballinges	CERTIFICATE OF DEATH
Village or City Woodlawn (No. Windself 2FULL NAME Edith Urginia)	Registration Dist. No. 3/ Nill Roads: Ward) Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH May 22, 1930
6 DATE OF BIRTH Quigust 8 , 1884 (Month) (Day) (Year)	I HEREBY CERTIFY, Yhat I attended the deceased from December ' 1930 to May 22 , 1923 that I last saw help alive on May 21 , 1923
7 AGE 45 yrs. 9 mos. 13 ds. or min.	and that death occurred on the date stated above, at 2
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Milsal Value insufficient
business, or establishment in which employed or (employer) House work BIRTHPLACE (State or country)	Contributory Destal Carica - duration 7 400
10 NAME OF Joseph Harkins Brook	(Signed) Joshua H. Cruasost M. I. May 221330 (Address) Woodlawy, M. J.
OF FATHER (State of country) 12 MAIDEN NAME (State of country)	*State the Discase Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER LIGALS FOR WELL 13 BIRTHPLACE OF MOTHER (State or Country) 13 STATUS (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosd
(Informant) Ms. Jaurence Hallenshade	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Wordlawn Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WHAT DEPTAKES ADDRESS ADDRESS
15 Filed 5/23/ 192 20 mn-Buffer	20 UN DORTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. WITH Every item of CIANS should N. B.

Exact

PERMANENT BINDING

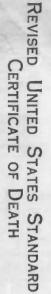
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S. No. 1



(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it laborer, Farm laborer, Laborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile foctory. The materia Spinner, (b) Cotton mill; (o) Salcsman. should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or especially in industrial employments, it is necesyrs). For persons who have no occupation At Home, and children, not gainfully emwithout more precise specification as Day (b) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Burkent

approved by Committee on (Recommendations on statement of cause of death telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonoeum, etc., Corcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock;" "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic etc. The contributory valvular heart diseose; Nomenclature Always qualify all

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V. S. No. 1

N. B.

1	PLACE OF DEATH County Saltinae 22	STATE OF MARYLAND CERTIFICATE OF DEATH	
		Registration Dist. No. 44	
Vil	lage or City algate MolNo. 48thf	How Hill Road	ME in
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
70	FEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 20, 193 (Month) (Day) (Yo	30 ear)
6 [OATE OF BIRTH Anay 6, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased 1920. to 1920, 1 that I last saw he alive on 1941, 1	9230,
7 A	GE If LESS than	and that death occurred on the date stated above, at	m.,
	I day hrs.	The CAUSE OF DEATH * was as follows:	
_	yrsmosds. ormin.?	The state of the s	
A. F.	a) Trade, profession or	Gysenlery / Jucitary.	
	articular kind of work	J= (/	
	b) General nature of industry usiness, or establishment in	(Durstion) vrs. 208	20
) w	rhich employed or (employer)	Contributory Reute Myseudite	
9 E	(State or country) Maryland	Secondary (Duration) yrs. mos.	3 ds.
	10 NAME OF Martin Holoman	(Signed) Jarace B. Vithor	. M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Saherra 12 MAIDEN NAME	*State the Discase Causing Death, or, for deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.	
PAR	OF MOTHER Mary Walkery,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)	Trans-
	OF MOTHER (State or Country) Janema	At place In the of deathyrsmosds. Stateyrsmos	de.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Informant) Marlin Holoman	Former or usual residence	
	(Address) +8+ Klerman Hillroad	James Heat & Mary Jan 22, 1	AL 1930_
15	Filed Sypt. 20 1927 John & Smilly Registrate	20 UNDERTAKER ADDRESS Jeorge a Weber. 705 Lam	11
	If more bianks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servani, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Gause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME Instead of street and PERSONAL AND STATISTIC MEDICAL CERTIFICATE OF DEATH SINGLE, 3 SEX 16 DATE OF DEATH MARRIED, OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated abou I day hrs. RESERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Sacondary (State or country) DO 10 NAME OF 0 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Z CAUS (State or country) 12 MAIDEN NAME C OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Every item of inform CIANS should state statement of OCCUP ients or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence. (Informant) ATE OF BURIAL 15 ADDRESS Filed Registrar If more bianks are needed, address btate Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

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tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. c," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm loborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact **ECORD** AINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

	PLACE OF DEATH 7 07	7 STATE OF MARYLAND
	County Palfunor	CERTIFICATE OF DEATH
	9 0000	Registration Dist. No. 44
1	Village or City Meddle No. (No.	St.: Ward) (if death occurred in a hospital or institu-
псате	2FULL NAME / Bog Holgkin	eeld tion, give its NAME in- stead of street and number.)
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack-or	Temale Whether (Write the word)	16 DATE OF DEATH July 2/ , 1930 Marky (Month) 2/ (Day) 930 (Year)
no suc	6 DATE OF BIRTH (Month) (Day) (Year)	that I jast saw h 2 alive on Design 1936
struction	7 AGE 90 5 9 If LESS than 1 day	and that death occurred on the date stated above, at . 3 . m. The CAUSE OF DEATH * was as follows:
See ins	yrsmosds. ormin.? 6 OCCUPATION (a) Trade, profession or	Joenlety .
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Zyre mos de.
mpor	9 BIRTHPLACE (State or country) Custria	Contributory Secondary (Duration) yrs mos de,
very	10 NAME OF PLOY KNOWN	(Signed) Juceufy Joka M. D. July 2/ 1930 (Address) 843 M. Fastersonth
200	OF FATHER (State or country) (State or country)	Vident Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER TO / Ruowa	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
10 1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
ueu	(Informant) /over Horgkweht	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
state	(Address) Meddle from	Oak Half Cem. July 24, 1230
	Filed July 22 198 of Juny Gonnelly Registrary	John G. Connelly Easex
	If more banks are needed, address thate Registrate	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Light-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease Nomenclature

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the bisease causing brain Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House honsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fillness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But lu many Statement of Occupation-Precise statement of oc For many occupations a single word or term on As examples: (a)

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, of State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as rhage." "Inanition," "Marasmns," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway "Puerperal septicaemia,""Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Dropsy," "Exhanstion," "Heart failure," "Haemorvulsions," Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," ctc.); such as "Asthenia," (Recommendations on state-Example: Measles "Апастіа" (mercly terminal (second-(disease not be

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	PLACE OF DEATH	10836 STATE OF MARYLAND
	County Dellimore	CERTIFICATE OF DEATH
	/ 11/10 1/2 -	Registration Dist. No.
Vi	Mage or City Woodlawa (Nollindson	Wall fool St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
1	2FULL NAME Frank Hooker	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	While Single, Married, Widowed Culower (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6	May 9 , 1839	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920, 1920 that I last saw have alive on 1923, 1923,
7	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, and P. m. The CAUSE OF DEATH * was as follows:
The same	a) Trade, profession or particular kind of work	Carcinowa of Stomach
	b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 6 mos ds.
	BIRTHPLACE (State or country) Wassafand	Contributory Secondary A (Duration) yrs mos ds
-	10 NAME OF JAROF B. Hooker	(Signed) Joshua M. D. D. C. Signed) M. D. D. C. S. H. 24 1930 (Address) Woodlaws and
ENTS	OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER CARBOTTE TOURS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs. mos. ds. State yrs. mos. ds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) 6 thel Witmon	12 PACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Wordlaws, Red	Thood lawny Side Jeph 27. 30
15	File Del 26- 1920 m n. Buffers	28 UN DERTAKED OF 1003 / Balas
-	If more blanks are needed, address State Registra	7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 013 especially in industrial employments, it is neces-Farm laborer, Laboreryrs). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salcsman. -Coal minc, etc. Wom-Locomotive engineer, (b)

Statement of Cause of Death—Name, first the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erdassinal' fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, betanus) may be stated under the head of "contributory." darbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; approved by Committee on "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular hoart disease; Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

BUREAU

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

PLACE OF DEATH	01338 STATE OF MARYLAND
County Salto	CERTIFICATE OF DEATH
00 + 0. 1	Registration Dist. No. 42
Village or City Whiles (No. Buck	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME John M. J.	tion, give its NAME instead of street and number.)
PERSONAL AND STANSTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed OR Divorced (Write the word)	16 DATE OF DEATH Jely 16 , 1935
6 DATE OF BIRTH (Month) (Day) (Year)	that I last snw halive on, 192,
7 AGE	
68 _{yrs.} 2 mos. 8 ds. or min.?	The CAUSE OF DEATH * WAS AS FOROWS:
8 OCCUPATION (a) Trade, profession or	Milial Keguicitation
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)ds.
which employed or (employer)	Contributory Myx andral degeneration
(State or country) Ballo Wil	Secondary School Duration) yis mos ds.
10 NAME OF FATHER	(Signed) Left Mile ffer M. D.
11 BIRTHPLACE	Jely 19 1923 (Address) If 2 Feeds an
OF FATHER (State or country) State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Truse Schulet	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) John Hoor	usual residence
(Address) 1916 Bulinestone	Fondon Park len Jety 19, 1930.
15 Filed Jely 17 19230 Gestrafter Resistras	Terred Solwah Federation
If more blanks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

Strtement of Cause of Death—Name, first, the Dis-EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pheunonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

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CIA	15		/ 1/	4 11	1 9	6

[IfLESS than I day hrs.

Registra

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

min.?

PLACE OF DEATH

06476 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration L	Dist. No. 4-4
:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)

MEDICAL CERTIFICATE OF BEATA
16 DATE OF DEATH June 18, 198 0
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
, 192, 192, 192
that I last saw halive on
and that death occurred on the date stated above, at
Орорвеку
(Duration)yrsds.
Contributory Secondary
(Signed) acole hallman Corones M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the of death
Where was disesse contracted, if not at place of dea.h?
Former or usual residence
(Sachman's Cerniter une 21, 1930
2D UNDERJAKER ADDRESS

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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M ...

1PLACE OF DEATH	STATE OF MARYLAND
County Beltimore	GD 0770 CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City EUDOWOOD SANABORIUM, TOWSON,	MD. St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME John Philip X	tion, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, X WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 0 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Sept 19, 1894 (Month) (Day) (Year)	that I last saw han alive on 30, 1930,
7 AGE [If LESS than	and that death occurred on the date stated above, at 6 Pm,
3 C A I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. 1 ds. or min.?	
(a) Trade, profession or	fulminating Julmonor
particular kind of work / / / / / / / / / / / / / / / / / / /	/ interductions
business, or establishment in	(Duration),yre,mosde,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Hazeldell, Pa	Secondary (Duration)yrsmosds,
10 NAME OF FATHER Cudnes / Looner	(Signed) M. D.
o 11 BIRTHPLACE	1950 (Address) Towson, Maryland.
C (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Blicabeth meyer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted, Unknown if not at place of dea.h?
Hospital Records Personal History	Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Eudowood Sanatorium, Towson, Md.	Putteburg ta Juli 31, 1024
Filed July 9/ 19280 17. 1 Bush	Hom loot Balance
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the cr," etc., Spinner, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Housemail, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on "PUERPERAL septicaemia," "PUERPERAL perilonitis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of etc. The valvular heart disease; Nomenclature contributory Med les;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Phones (No. 124)	O3980 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME 3312 Jane	Stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SANGLE, MARRIED, MOTHEN OR BHORGED (Write the word)	16 DATE OF DEATH (Month), 192 (Year)
8 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to 1928 to 1928 that I last saw h Valive on 192
7 AGE 60 yrs. 2 mos. 29 ds. or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work	Chouse Horonous
b) General nature of industry of the business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER TOURS (Explored)	Contributory Pulmonoy Brane Secondary (Durstion) yrs. 4 mos 9 ds. (Durstion) yrs. 2 ds. (Signed) 3 mos 2 ds.
of FATHER (State or country) Mayland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER MAY CONTESSED SEM 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) In from the BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Phoresury Md	Poplar M. Ceretary Grand 9, 1930 20 UNDERTAKER ADDRESS
Loan Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. IN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; etc. The contributory

If this certificate is iooked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD Y, WITH UNFADING INK-THIS IS A PERMANENT WRITE

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	247 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
have the first and the first and the first and a second accommodate.	101-02
P.	Registration Dist. No.
Village or City Esset (No. No.	Ward) (If death occurred a hospital or institution, give its NAME is stead of street as
2FULL NAME Lawrence Hofs	(M) number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Jule SSINGLE. MARRIED, Monued WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH NOVELLA, 20 , 1980. (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased fro
Act. 25 1875	Nor. 14 180 Nov. 20 193
(Month) (Day) (Year)	that I last saw home alive on nove 19 , 1920
7 AGE [If LESS than	and that death occurred on the date stated above, at 5 2 a
1 day hrs.	
yrs. mos. & @ ds. or min.?	apreal Covar yoneumon
(a) Trade, profession or Z	
particular kind of work Townsuy Suman	
(b) General nature of industry business, or establishment in	6
which employed or (employer)	(Duration) To The Mass of d
State or country) Balts. 65.	Contributory Secondary Type Court (Secondary) Type C
10 NAME OF FATHER Franks Holstotte	(Signed) 35. 9. Resenflatt M.
11 BIRTHPLACE D Le	11/20 1980 (Address) 2018 O'DINNELL SC
OF FATHER (State or country) Ballo, 601	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Amelia Sepper	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE Germany,	At place in the of death yrs mos, ds. State yrs do
(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
A THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Mancella Hototeller	usual residence
(Address) River Side Drive	Oak Lawn Elmile IN 23, 195
	20 UNDERTAKER ADDRESS / /
Filed Not. 22 1020 John D. Consully Registras	Mrs C. Millert Son 2334 Hefferson

12500

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"('Enaustion,') "('Heart laume,
"('Inanition,') "('Marasmus,') "(Old Age,') "(Shock,')
"(Uraemia,'' "Weakness,') etc., when a definite disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Baltering	CERTIFICATE OF DEATH
	(40)
1 0 A 11 0.0	Registration Dist. No.
Village or City Calousvelle (No. Opel	Ward) (If death occurred in a hospital or institu-
	tion, give Its NAME Is-
2 FULL NAME Latu How.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, WALLES	16 DATE OF DEATH March) 19238
Male White OR DIVORCED (Write the word)	
	(Month) (Year) (Year) (Year) (Year) (Year)
6 DATE OF BIRTH	1929 to march 7, 19236.
may 12, 1930	
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than	
dayhrs	
yrs. 7 mos. 2 ds. or min.	
B OCCUPATION (a) Trade, profession or	Cerebral Hemontage
particular kind of work Taruel.	. U
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) Tyre, La mos, de.
9 BIRTHPLACE ^	Contributory Secondary
(State or country)	(Duration) yis fnos ds.
10 NAME OF	Tuesdalla Blank
FATHER MOOR HOW	(Signed) M. D.
M 11 BIRTHPLACE	Must / 192 D (Address) Clebusy 100 Mes
OF FATHER (State or country) Servarey.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TI MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Unk	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	
OF MOTHER (State or Country)	At place of death yis 3 mos. ds. In the State 22 yrs inos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1/ 4	Former or
(Informant) Kaltery How.	usual residence.
(1) Q Da. Da.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Selve 1944	IT. Michaels em 9/1. 1936
15 miles 1006 Killedies	20 UNDERTAKER DORESS
Filed 1923 Registra:	Treds lass alm for feller
if more banks are needed, addre a State Registry	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

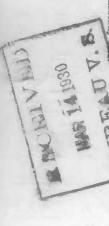
state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Howemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physicium, Compositor, Architect, ," etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation Locomotive engineer,

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Statement of Cause of Death—Name, first, the DIS-EASE (*108:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traindiseases Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menresulting from childbirth or miscarriage as cough; Chronic etc. valvular heart disease; Nomenclature The contributory

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PLACE OF DEATH	STATE OF MARYLAND
County Balhmax	CERTIFICATE OF DEATH
P-10	Registration Dist. No. 44
Village or City No, No, No, No,	St.; Ward) [if death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF BEATH (Menth) (Day) (Year)
Opate of Birth (Month) (Day) 7 AGE Still (World 1 Ess than 1 day, hrs.	that I last saw h alive on 191 and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry	StillBon
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Becondary
10 NAME OF HONORY HONORS	(Signed) (Signed) III. 1
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASM CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the set deeth yes mes de, Slete, yes mes, de,
(Informant) MAS Alma Horst	Where was disease contracted, If not all place of death ?
(Address) Roselale mol.	Borhman's Com. S/14/, 1000
Fled Inch 14 1950 John J. Connelly	John G. Cornelly Cosey

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Iaborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) (Trocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cellon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from term on the of age.

Statement of Cause of Beath—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia, nenimunqualified. is indefinite); Tuberculosis of lungs, menimunqualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates to determine definitely. "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puraperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (mcrely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important, nephritis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping railway train-accident; Revolver wound The contributory (secondary or intereur-Examples: Accidental drowning, "Dropsy," Never report mere "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence—All the data is essential and must be obtained before
the certificate is permanently filed.

WRITE

Z.

V. S. No. 1

HYSI-Exact

PLACE OF DEATH

County Baltimore	3.
Village or City ulleston (No. Smit)	t are:
2FULL NAME amelia Ho	rstm
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	red 16 DAT
6 DATE OF BIRTH Operil 18, \$	(ear) that I i
7 AGE If LESS	S than and the
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Cont
11 BIRTHPLACE OF MOTHER OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	* Violet Accid 18 LENG ients At place of death.
(Informant) Mis Herman Bath (Address) Fulleston Md.	Where wif not at Former or usual results of the PLAC
Filed 4 6 1980 9 4 Fut	ar Select

STATE OF MARYLAND CERTIFICATE OF DEATH

03930

Registration Dist. No. 43 (If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH April 4, 1980 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attanded the deceased from 1929. to Chief 40, 1920, that I just saw be alive on Chief Feed, 1970
and that death occurred on the date stated above, at 2500. The CAUSE OF DEATH * was as follows:
arteur Schwis
Contributory Characteristics (Dysation) Syrs. mos Contributory Characteristics (Dysation) Syrs. mos Cauditary (Dysation) Syrs. mos Cauditary Characteristics (Dysation) Syrs. mos Cauditary Characteristics (Address) October 1978 (A
18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Racant Rasidents)
At place of death
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAGER ADDRESS ADDR
FISICIENON ZOSLEMNONE FILLENON

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, Poly classified. Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME instead of street and stated E) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. BINDING WIDOWED MON back OR DIVORCED may (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH Instructions that that I last saw h alive on (Month) (Day) U 7 AGE IIf LESS than and that death occurred on the date stated above, at 0 I day hrs. supplied terms min'.? 8 OCCUPATION See (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in ADING (Duration) 2 importa which employed or (employer) ATH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) be EA (Duration) DO 1D NAME OF L 11 BIRTHPLACE S *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER Z S (State or country) AU OIL 12 MAIDEN NAME ati O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients or Recent Residents) 20 In the At place of death OF MOTHER ____yre._____ds. ...yrs......mes..... 00 (State or Country) pinous Where was disease contracted, Every item of CIANS should statement of (if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) DF BURIAL OR REMOVAL DATE OF BURIAL If more branks are needed, address State Registrar, 16 W. Saratoga



(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more present anne, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (regaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." Examples: A ecidental drowning; Struck by railway train-American Medical Association.) interstitial nephritis, by Committee on Nomenclature of the " "Marasmus, " "Old Age, " "Shock," Chronie etc. The contributory valvular heart disease;

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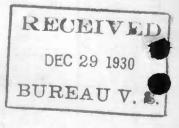
PLACE OF DEATH County Bactimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4/2
Village or Citolands donnée 1 2FULL NAME Connie. 6.	34 Hogel of Ward) Course Ward) (If death occurr a hospital or in tion, give its NAN stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE. MARRIEDE MONTH WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Ye
6 DATE OF BIRTH (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased Outust 4, 1930 to Dec. 201, 15 that I last saw h M. alive on Dec. 201, 15
	nan and that death occurred on the data stated above, at
a) Trade, profession or particular kind of work (b) General nature of industry	Cerebral Hemouhaye
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Backense	Contributory Secondary
10 NAME OF FATHER Francis Buschn	10: 1 Wm. A. Itaus
OF FATHER (State or country) 12 MAIDEN NAME	*State the Uisease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.
OF MOTHER Mostha Delz 13 BIRTHPLACE OF MOTHER (State or country) Genney	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos State yrs mos Where was disease contracted,
(Informant) Daniel W. How	if not at place of dea.h?
(Address) 134 Hazel Are	Landen Pul Cey Dec 23, 1 20 UNDERTAKER
Registrat If more beanks are needed, address that Registration	trans 16 W. Gratoga St., Balto., Requesting V. S. No. 1.

14687

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Spinner, Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only 'not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dear" Foreman, or For many occupations a single word or term on yrs . Farm laborer. Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day For persons who have no occupation 6) (o) the kind of work and also (b) the Automobile factory. The Locomotive engineer, not gainfully emmateria. Grocery Wom-

Statement of Cause of Death—Name, first, the DISEA. ECAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"



tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; 'Congenital,' "Senile,' etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Committee on Nomenclature ChronicExample: Measles (disease etc. The contributory affection need valendar heart not be disease;

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by stated unless important. Example: Measles (discase atic), "Atrophy," "Collapse," "Conna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," 'Exhaustion," "Heart failure," "Haemorrhage," causing death), 29,ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all telquus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

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PLACE OF DEATH County Baltimore	08971 STATE OF MARYLAND CERTIFICATE OF DEATH
P., ()	Registration Dist. No. 38
Village or City/Illswood (No. 10/1) 2FULL NAME Benjamin Chew,	Ward) (If death occurred in a hospitul or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Muto (Write the word)	16 DATE OF DEATH Cugust 3
6 DATE OF BIRTH	Jept. 1 1924 to July 3, 130
Hovelule (Month) & (Day) (Year)	that I last saw h Mu alive on Tuy 5 , 1981)
7 AGE If LESS than Iday	The CAUSE/OF DEATH * was as follows:
B OCCUPATION yrs. 7 mos. 2 ds or min.?	Chronie Nephritis
(a) I rade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer). A Balta Juest Ce	Kuswa (Duration) yrs. mas de
9 BIRTHPLACE (State or country) Bultimore Med	Contributory Secondary D. (Duration) yrs mos da
FATHER JA J. Howard	(Signed) & M Wan My Mi. D 8. F. 1982 (Address) NISPORE ac
OF FATHER (State or country) Sullimore Md	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Curie Cayle	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs ds. State yrs ds. ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Unformant Mrs Elicabeth White Howard	Former or usual residence.
(Address) Riderwood Mr	Gellumount les Cuy 6, 1530
15 Filed aug 4 1988 Kr. P. Bulter	DUNDERTAKER OSCILLATION OF CONTROL OF CONTRO
If more b.anks are needed, address State Registra	r, 16 W Sarstoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation -- Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, Physicion, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Archived, Locomolive engineer, seer. Stationary fireman, et. But in many (b) Automobile factory. The material For persons who have no occupation (6) The ques-Grocery; Doy

Stateme: t of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term ("the same disease. Examples: Cardrospinal fever (the only definite synonym is "Epidemic cerebrospinal merilicis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Brouchopneumonia ("Pneumonia");

"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Messles; as fracture of skull, and consequences (e.g., sepsis, tdunus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the cough, Chronic etc. valvular heart discuse; The Sarcoma,, etc., of contributory death " clc.

No. 1

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PLACE OF DEATH I County Ballueon Village or City Ristratora Popular	13561 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 34
	St.: Ward) (If death occurred in a hospital are institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH / You. 2 , 1930 (Menth) (Day) (Yesr)
6 DATE OF BIRTH // / 2 , 1930 (Month) (Day) (Year)	that I last saw h w slive on Drad Arv, 12 1, 1920,
7 AGE Mis Carrage If LESS than I day	1
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yss mos ds. Contributory Secondary
(State or country) (Pensastown (FDM) 10 NAME OF FATHER Largeng of Howard 11 BIRTHPLACE OF FATHER (State or country) Back Co Med	(Signed) The Arable M.D. Nor. 12 1930 (Address) Cveklysville M.A. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether
(State or country) 12 MAIDEN NAME OF MOTHER Darthey Madden 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residenta) At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
(Informant) Lorenz J. Howard (Address) Reislerstonon R & D Mul 15 Filed Nov. 12 1930 R. Farthy M. W.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADATE OF BURIAL Now. 12, 1930. 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Reislandown RXX

(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) tion applies to each and every fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Iaborer,'"'Foreman," "Manager," "Peal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. the first line will be sufficient, e. g.. Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, House Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, (b) person, irrespective of Locomolive engineer, But in many Grovery;

Statement of Cause of Death—Name, first, the pissease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "obar pneumonia, Bronchopmenmonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuborculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -- homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage can be ascertained as the eause. Always qualify all (name origin; "Caneer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary Whooping approved by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, cough; "" "Weakness," etc., when a definite disease or intercurrent) Committee on Chronic valvular heart disease; etc. affection need Nomenelature The contributory Sarcoma,, etc., of not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate in permanently filed.

permanently ni

1930

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	CORD /	so that it may be properly classified. Exac
16	IS A PERMANENT CORD	te stated be properly
FOR BINDING	PERMA	E chould
FOR	IS A	so the

PLACE OF DEATH	STATE OF MARYLAND
County Fallines 12	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Tengris (No	St.: Ward) (If death occurred a hospital or institution, give its NAME istend of street arnumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Whele Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	
6 DATE OF BIRTH Action (Month) (Day) (Year)	that I last saw hely alive on selection in 1920.
7 AGE 53yrs. 1 mos. 21 ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Pulmousky
(b) General nature of industry business, or establishment in	7
which employed or (employer)	(Duration) yrs, mos, d
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER HOWARD Morris	(Signed) Harry Walls M. M. De @ 13. 1923 OAddress) Musal & Revel
OF FATHER (State or country) Versey	*State the I'lscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Stice Shipley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) / Latto Mae	At place of death yrs nos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) My Howell	Former or usual residence
(Address) Bengit me	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC 17, 1921
Filed Alec. 15 1920 John G. Comelly Registras	They they les the Brown
If more hanks are needed, addre, a Ltate Keristra	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, nature of the husiness or industry, and therefore an Civil engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Hausekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Paysicum, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Womman, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, For persons who have no occupation Stotionary fireman, etc. person, irrespective of Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebross in all meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonio ("Pneumonia,")

approved by Committee on "Transition," "Marasmus," "Old Age,
"Transition," "Weakness," etc., when a definite disease
the cause. Always qualify all telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, Whooping cough; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Chronic valvular heart disease, etc. The contributory affection need Nomenclature of the not be

V. S. No. 1

	PLACE OF DEATH	12197 STATE OF MARYLAND
	County Dalla	CERTIFICATE OF DEATH
	111 11111111	Registration Dist. No. 33
./	Village or City // (No. (No.	St.: Ward) (If death occurred in
Ificate	2FULL NAME Laura B. Hu	Mard) a hospital or institu- tion, give its NAME in- steed of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVE OR DIVORCED (Write the word)	16 DATE OF DEATH Col 22 rd, 1980 (Month) (Day) (Year)
u u	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
18 0		, 192, 192,
tior	(Month) (Day) (Year)	that I lest sew helive on
ruc	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
nst	1 yrs. 1 mos. 22 ds. or min.?	THE CAOSE OF DEATH 4 Was as follows:
99	6 OCCUPATION (a) Trade, profession or	automobile struck by street car, while cross-
t.	particular kind of work frame (b) General nature of industry	ing street can tracks in glydon CwarRe
tan	ausiness, or establishment in which employed or (employer)	(Duration) yrsde.
por	9 BIRTHPLACE /. / /	Contributory Wisavardal accedent
E .	(State or country) Maryland	(Duration) Dyre t mos a de
very	10 NAME OF THE STATE OF THE STA	(Signed) / Open I rafable & M. D.
8	11 BIRTHPLACE	Oct. 23, 19230 (Address) Orone
NOI	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER James Dehmids	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
CCU	13 BIRTHPLACE OF MOTHER	At place In the
0	(State or Country) /// OCY COM C	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
t of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of dee h?
ner	(Informant) OM / Humulhaust	usual residence
statement	(Address) YXXXXXX MU	MT Oliver Gentley Oct \$ 6, 19 30
80	Filed Oct 24 19236 Horrstoots Registrar	20 UNDERTAKER RESALUSIOUM MY
	If more busnks are needed, eddress State Registrar	16 W. Saretoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

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additional line is provided for the latter statement; it gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as House swife, House bousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation Is very important, so that the relative healthtired 6 978.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from . or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occ. pations of persons en-(4) Foreman. (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. whatever, write None. Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-As examples: (a) But in many

Etacement of Cause of Doath—Name, first, the pistage causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid us. of "Coup"); Typhoid fever (never report "Typhoid pneumonia,"):

ment of cause of death approved by head of "contributory." ture of the injury, as fracture of skull, and conse "PURPERAL septicuemia," "PURPERAL peritonitis," can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopncumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Heasles; inges, peritonusum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberoulosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid—probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) "Uraemia." "Weekness." etc., when a definite disease vulsions." (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURIE "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal (Recommendations on state-Example: Measles The contributory "Coma." "Con-Committee on (disease (merely (secondnot be

	1	d. Exact
	CORD	d EXACTLY orly classified tificate.
NDING	WRITE AIL Y, WITH UNFADING INKTHIS IS A PERMANENT CORD	N.BEvery item or information should be carefully supplied. ACE should be stated EXACTLY, EAYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
D FOR BIL	IIS IS A PE	led. ACE shans of structions of
MARGIN RESERVED FOR BINDING	NG INKTH	refully suppl in plain term rtant. See in
MARGIN	'H UNFADII	thould be ca CF DEATH is very impo
	AIL, WIT	nformation state CAUSE
	WRITE	NS should tement of OC
V. S. No. 1		N.BEve

PLACE OF DEATH	0185 STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
	Registration Dist. No. 42
Village or City Halelhege (No. See	Ward) (If death occurred in a hospital or institution, give its NAME II stead of street and number.)
- CLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 8 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 20, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw he alive on 1930,
7 AGE If LESS than I day hrs. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Pulmany Juteralosis
husiness, or establishment in which employed or (employer)	(Duration)ytsds.
9 BIRTHPLACE (State or country) May Land	Contributory Secondary (Duration) yrs
10 NAME OF Codom Willer	(Signed) Willa de arson M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Towards amelia Trensler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Robert as Hustin	Former or usual residence
(Address) Summet are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jan. 24, 1930
15 Filed Jany 27 1930 Sent Meffer	Wan Cook 1217 St Saul St
// If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement whatever, write None. Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive For persons who have no occupation Automobile factory. The materia engineer. Grocery,

Streement of Cause of Death—Name, first, the DIS-EAT: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential and must be obtained before the certificate is

permanently filed.

Tapproved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Uraemia, (secondary American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train If this certificate is looked over thoroughly and all qu stions Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; " "Weakness," etc., when a definite disease or intercurrent) Chronic valeular heart disease; Example: Measles (disease etc. The contributory affection need not be Measles ;

PLACE OF DEATH County Galto	05277 STATE OF MARYLAND CERTIFICATE OF DEATH
1 2 12	90 Registration Dist. No. 35
Village or City Ad Dine (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewalo White Single, MARRIED, WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH May 20 - , 1930. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 20 1930. to May 20 , 1930. that I last saw h 4 alive on May - 20 , 1930.
7 AGE 1 day hrs. or min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) Trade, profession or particular kind of work	Milial Regugitation
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 4 Color Percura.	Contributory Orlerio Sclerosio:
10 NAME OF	(Signed) State the Disease Causing Death or in deaths from
OF FATHER (State or country) Hashington & 6 12 MAIDEN NAME OF MOTHER (Raylon) Hashington	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Don't / Cuoun	icnts or Recent Residents) At place
(Informant) Mrs. Charles Hoffherser	if not at place of dea.h? Former or usual residence
(Address) Maryland Line md	New Treedow Ta, May Y2, 1930
Filed May 20 1986 Chester & Belling Registras	Hartenstein Monemaker Med Deice Jud
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it cupation is very important, so that the relative healthtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, House-Spinner, sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, tion applies to each and every Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer. (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the person, irrespective of (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar queumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septiaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," carbolic acid-probably suicide. The nature of the injury. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart discase; etc. The contributory Measles;

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSK CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

1PLACE OF DEATH	0186 STATE OF MARYLAND
County Battims	CERTIFICATE OF DEATH
Q1 - 2 - 5	(90) Registration Dist. No. 39
Village or City The Loshura Hutch	St: Ward) (If death occurred in n hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 30 , 1920 (Year)
6 DATE OF BIRTH Sept 22, 1848 (Nonth) (Day) (Year)	that I last saw har alive on 19280.
7 AGE ST Wrs. St Max St Max St Max Max	and that death occurred on the state stated pove, at
a OCCUPATION (a) Trade, profession or Retired Former. particular kind of work	Bronds Trumeria
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chitaga Scharge
9 BIRTHPLACE (State or country) Maryland	Secondary Cortic (Duration)
10 NAME OF Richard Hutelins	(Signed) M. D. Jun 30 1930 (Address) Creaming
OF FATHER (State or country) OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Matthews	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Mayland	At place of death
(Informant) Who Charles True	if not at place of death? Former or usual residence
(Address) Phoenix Ma	Stame Centry Jell 1, 19 32
Filed Jan 30 1920 Maneie OKBlake	Webseth ton Sparke Md
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. Wom-Locomotive material engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; 99 Committee on Nomenclature of the "Heart failure," "Iacmorrhage," Chronic valvular heart disease: etc. The contributory affection need Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

V. S. No. 1

	HYSI- Exact	PLACE OF DEATH County Ballings	90 02104 STATE OF MARYLAND CERTIFICATE OF DEATH
CORD	ated EXACTLY, Poperly classified.	Village or City Woodlawn (No. Grunn Ca 2FULL NAME Milton Sole ha	Registration Dist. No. 3/ Registration Dist. No. 3/ Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
U	stated properl of certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NENT	be st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Widower WIDOWED Widower OR DIVORCED	16 DATE OF DEATH Febs 22 , 1930 (Month) (Day) (Year)
A PERMA	natit may ons on ba	(Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year)
HIS IS	ms so than	7 AGE 94 yrs. 0 mos. 5 ds. or min.?	and that death occurred on the date stated above, at 12: 45 pm. The CAUSE OF DEATH * was as follows: Chronic Myogardial
IKTI	supp in ter	(a) Trade, profession or Petired Gardner	Degenchation.
NG IN	arefuily 4 in pla ortant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Un entain de.
IFADI	d be ca DEATH ry impo	9 BIRTHPLACE (State or country) Howard Co. Mg	Secondary (Duration) yrs mos ds.
5	OF IS ver	FATHER Colward Tyle hart	Signed) 122 1920 (Address) Woodlawy Wed
WITH	AUSE ION i	OF FATHER (State or country) Howard Co Mel	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
5	Pen	of Mother anknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
E	f inford state	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
RITE	shoui ent of	(Informant) Miss Freddie Tele least	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
W	Every i	(Address) Woodlawn Mid	Wordlang Com Dely 14-1930
2	. m	Filed 192 0 M-N. Duffers State Registrary	Armacest 4204 Ridgwood au , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
1	200	It more plants are meeded, address bridge welferen	V

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or especially in industrial employments, it is necesyrs). Farm laborer, Loborer-At Home, and children, without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The materia (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. Locomotive engineer, not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Whooping eough; Chronic Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); inges, peritonocum, etc., Corcinomo, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) (name origin; "Cancer" is less definite; avoid Examples: Aecidental drowning; Struck by railway troin-, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

S No. 1

N. B.

		Laace 2114 telking.
	1PLACE OF DEATH County Bala	06477 STATE OF MARYLAND CERTIFICATE OF DEATH
7	(3)	Registration Dist. No. 43
	Village or City Fullsum (No. Or 2FULL NAME Charles H. Ja	Start Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH Fig. 1899	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1930 to June 5 , 1930
A	(Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.	and that death occurred on the date stated above, at 155 A.m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer)	(Duration) 2 yrs. 7 mos 26 ds.
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER FINDENCK I file	(Signed) (Duration) (Duration) (Duration) (Signed) M. D. Market M. M
	OF HOTHER COUNTY) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CHIQUECT / Campula	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Serwany	At place of death
	(Informant) Mes Stanietta file	Former or usual residence
	(Address) (Craim on Fully nu	1 Jal Li nur Jun E M. 1932 20 UNDERTAKER ADDRESS Jam Code 1217 St Paul
	If more banks are needed, addre.s Ltate hegistras	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enen at home, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). who are engaged in the duties of the For persons who have no occupation Locomotive engineer, But in many (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The Nomenclature contributory

PLACE OF DEATH. County Salhmore Village or City fullicivelly (No. Done	03931 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) a hospital or institu-
2FULL NAME John 4 Ile	tion, give its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hale White OR DIVORCED (Write the word)	16 DATE OF DEATH April 26 0 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decemed from
march 16, 1902	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	From antomobile collision !
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) manyland	Contributory Secondary (Duration) yrs
10 NAME OF FATHER JAS. 4. Fley	(Signed) Corone M.D. april 18 1923 O (Address) Pilseville h
OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) harfand	ients or Recent Residents) At place In the of death yrs mos, ds, State yrs mos, ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Olyabeth & Illy (Address) Publicable has	10-PLACE OF BURIAL OR DENOVAL DATE OF BURIAL THE AND PROVIDE COMMENTS OF 1980
Filed 1128 1930 No 66 Kickols Registrar	20 UNDERTAKER Soul 36/5 Chestants
If more blanks are needed, addre_s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. " etc., without more precise specification as Day Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesmon. (b) (b) Automobile factory. The material Grocery;

Streement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not pe use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) can be ascertained as the cause. Always qualify all "Ezhaustion," "Debility" ("Congenital," Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; "Heart failure," "Haemorrhage, Chronic valvular heart etc. The contributory Nomenclature "Dropsy, disease;

	PLACE OF DEATH	07768 STATE OF MARYLAND
	County Ballmac	CERTIFICATE OF DEATH
	1 0.0 - 111 1	Registration Dist. No.
Caro	Village or City Odegale (No. Wood) 2FULL NAME Over 9. Sml	Now Use St: Ward (If death occurred in a hospital or Institu- tion, give its NAME In- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 20	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED WILL	16 DATE OF DEATH July 141, 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
	(Mooth) (Day) (Year)	they I last saw h Levelive on Lely 13 19330
	7 AGE [IfLESS than	and that death occurred on the dole stated above, at 6.55 P.m.
	yrs. mos. 5 ds. or min.	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION	Annual Cons
	(a) Trade, profession or particular kind of work	
. 1	(b) General nature of industry	
1	business, or establishment in which employed or (employer)	(Duration)yrs,
	9 BIRTHPLACE (State or country) Balto loo.	Contributory Secondary Ouration To second to
101	FATHER WM H. Imler.	(Signed) Starry Wall M. D.
0	of Father (State or country) Amested Pa	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Vingina Laces.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Balte Med	At place In the of deathyrsmosds. Stateyrsmesds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informany WM IX Im ler.	Former or usual residence
	(Address) Woodner Ur	Mh Camel ben July 15, 193.
5	15 Filed July 14 1980 John G. Connelly Registrat	20 WINDERTAKER TIMES SINVINGO
		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, er," etc., Withous Loborer, Loborer-Physician, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewijc, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, For persons who have no occupation -Coal mine, etc. Wom-Locomolive engineer, The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicocmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, Whooping cough; tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary approved by Committee on carbolic acid-probably suicide. The n:ture of the injury, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Chronic valvular heart disease, etc. The contributory Nomenclature

V. S. No. 1

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	PLACE OF DEATH County Balts Co.	07769 STATE OF MARYLAND CERTIFICATE OF DEATH
	A DIV H+	Registration Dist. No. 4/2
V	FÜLL NAME John Fiel	St.: Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	WEDGED (Write the word)	16 DATE OF DEATH July 8, 1930
6	Uay 24., 1858.	that I last saw h signalive on July 8, 19230
7	(Month) (Day) (Year) AGE If LESS than day	and that death occurred on the date stated above, at 2.00 fm. The CAUSE OF DEATH * was as follows:
ē	particular kind of work Strain hat Manufactures (b) General nature of industry	Myscardial failure.
de	business, or establishment in which employed or (employer) ut. 5 day Dree-	Contributory Cardio - Revol.
	(State or country) Calvert Country- Marylan	Duration) J O yrs mos.
	10 NAME OF John Filder Ireland.	(Signed) 1/20 St Paul St.
	OF FATHER (State or country) Calust Ca. rud.	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
	of Mother Eurlyn. Parrau.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Calvert Co. rlld.	At place of death
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) wars Mattee Oliver Ber	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 20 Leeds ave.	mithwelle, Galver Gold
1	Registre	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Farm taborer, Laborer—count me en at home, who are engaged in the er," etc., Spinner, (b) Cotton mill; (a) Sulesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation duties of the (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom. 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory affection need valvulur heart Nomenclature disease; not be

No.

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	PLACE OF DEATH .	ST
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1	1/1/1/201	
/	2FULL NAME COOLED TO	rekson
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	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CEI
3 9		16 DATE OF DEATH
	WIDOWED. Mamel	
1	OR DIVORCED (Write the word)	
6 1	DATE OF BIRTH	17 HEREBY CERTI
	unimoun ,	May 1776 192
	(Month) (Day) (Year)	that I last saw h & alive
	If LESS than	,
a	four 60 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was
0.0	CCURATION	1111111
(a) Trade, profession or	- muna
	b) General nature of industry usiness, or establishment in	
N	hich employed or (employer)	
	A A	Contributory Julius
	(State or country)	Secondary
-	10 NAME OF	9/2/2/
	FATHER MUSCH CHIN	(Signed)
	11 BIRTHPLACE	May 22 1923 COAdon
NTS		*State the listase C
Z	OF FATHER (State or country) William	Violent Causes, state (1) Accidental, Suicidal or Homic
000	12 MAIDEN NAME OF MOTHER AND KON MANE	18 LENGTH OF RESIDENCE
PA	100000000000000000000000000000000000000	ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place
	OF MOTHER (State or Country) Williams	of deathmos
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
		Former or
	(Informant Duy Desfort	ususl residence
		19 PEACE OF BURILLOR'RE
	(Address) Spartout	Green Willow
15	mas bard & miles	OT UNDERTAKER
	Filed May 22/19230 HAM Jonnascille	120 () -8

STATE OF MARYLAND CERTIFICATE OF DEATH,

05278

Registration Dist. No.

Ward)	(If death occurred Ima hospital or Institu-
	tion, give its NAME in- stead of street and number.)

	MEDICAL	CERTIF	CATE O	F DEATH	
16 DATE OF	DEATH	Me	cy/	98	19230
	****************	(Mor	th)	(Day)	(Year)
"May	HEREBY C	ERTIFY, TI	nat Latte	ended the d	ecensed from
that I last sa	w h Ky	alive on 2	May	18	, 1923
and that deat				above, at	8 9 m
The CAUSE			. /		
			Q-/	·····/	age
1/	ami	vary	Ngs	now	age
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		(Durati	on)	Yrs	nos de
Contribute Secondar	Ty .		(7)		nos de
17	030	Burst	ion)	yrs	mosda
(Signed) 91	/ //	Hor	ne	ick	MI
Mar 2-2	3	(Address)	Sho	was	Torat
VI.O.					41 . 6
Violent Ca Accidental,	the 1 18's auses, state Suicidal or	ase Causing (1) Mean Homicidal.	s of Inj	or, in do) Whether
18 LENGTH ients or Re			Hospit	als, Institu	tions, Trans
At place of deathyı	rsmos.	ds.	In the State	yrs	mosda
Where was discit not at place	ease contract of dea.h?.	ted,	****************		
Former or usual residence				******	
19 PEACE OF	BURIAL,	OR' REMOVA	L	DATE OF	BURIAL
41	11/0	0 10		1111-5	7- 3

lf more b.anks are needed, addre.s htace Registrar, 16 W. Saratoga St., Balto., Requesting V. S. 100. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Solesman. (b) Grocery; nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm loborer, without more precise specification as Day Laborer—Coal mine, etc. engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis", Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

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ESERVED FOR BINDING	INKTHIS IS A PERMANENT CORD	ully supplied. ACE thould be stated EXACTLY, PHYSI-plain terms so that it may be properly classified. Exact

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6 1	DATE OF BIR	тн				
			unknov	n	(Day)	9
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•						1 d
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) F	a) Trade, presticular kinds) General n	ofession of d of work ature of in	ndustry	abo	orer	*****
OF CHAN	a) Trade, proparticular kind	ofession or d of work ature of in stablishme ed or (emp	ndustry nt in Pet	abo	orer chem	Stee
OF CHAN	occupation a) Trade, prosenticular kind b) General neusiness, or ex which employ	ofession o d of work ature of ir stablishme ed or (emp	ndustry nt in Pet	abo hle	chem	Stee
OF CE VIOLENTIA	OGCUPATION a) Trade, proportion of the control of t	ofession od of work ature of ir stablishme ed or (empuntry)	ndustry nt in Bet Nor	hle th	chem Caro	Stee Lina
OF CHAN	OGCUPATION a) Trade, proportion of the control of t	ofession of of work ature of instablishme ed or (empuntry) ACE ER r country)	ndustry nt in Pet Nor Brack	hle th	chem Caro	Stee lina n

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. AT

)YI a	av Front.	t:Ward)	(If d-ath occurred In a hospital or institu- tion, give its F'AME is - stead of street and number.)
LARS	MEDICAL C	ERTIFICATE O	F DEATH
lingle	16 DATE OF DEATH		IC30, 192(Day)(Year)
, 1(Year)	17 I HEREBY CER	TIFY, That I atte	nded tha deceased from
If LESS than I day hrs. or min.?	and that death occurred of The CAUSE OF DEATH *		
na.	(Signed) / Mell	Hudan	yrsds,
•	*State the lisrase Violent Causes, state Accidental, Suicidal or Ho	micidal. NCE (For Hospital	
EDGE	At place of death	In the State	yrsds.
alto.Md	19 HAGE PO BORIAL OR	THO .	DATE/OF BURIAL MILE AS D ADDRESS
Registral	J.J.Connelly		Liner

If more banks are needed, addre.s Ltate Negistrar, IS W. Saratoga St., Balto., Lequesting V. S. ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,"

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CORD PERMANENT BINDING A MARGIN RESERVED FOR I, WITH UNFADING INK-THIS IS

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N. B .- Every item of information should be carefully supplied. ACE should be stated EXACTL WRITE

Count	Battimore	STATE OF MARYLAND CERTIFICATE OF DEATH
/	1 1 1 20 #-1 21 1-	Registration Dist, No. 30
Village	or City Catonsville (No. 56 Himselt J. Ja	St.: Ward) (If death occurred in a hospital or institu- tion, give lts NAME lr. stead of street and number.)
PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Dec = 27 = 1950, (Month) (Day) (Year)
6 DATE	OF BIRTH Man = 9 = 1856	17 See 4 1930. to See 24 , 1930
	(Month) (Day) (Year)	that I last saw her alive on alle 24 , 19430
7 AGE	1 If LESS that I day hre or min.	The CAUSE OF DEATH * was as follows:
(a) Tra particu	PATION ade, profession or Af Lorena, lar kind of work	and nephritis,
(b) Ger	neral nature of industry	
which	es, or establishment in employed or (employer)	(Duration) yrs. mos 20 ds
which	employed or (employer)	Contributory alwelar Disease of New Yneshort (Dury 1007) yrs 6 mos 20ds
which selection which selection which selection with selection with selection which selection with selection with selection with selection which selection with selection w	employed or (employer)	Contributory alvelar Declare TX Secondary Lease of Duranon yes Long 20ds (Signed) Low Duranon M. D.
which (State (State))	PLACE te or country) NAME OF ATHER IRTHPLACE F FATHER (State or country) MANUAL CONTROL OF ACTUAL	Contributory alvelar Declare TX Secondary Lews & Mephrot, (Durston) (Signed) (Signed) (Signed) (Address 703 M. L.
which Start (Start (Start Control of Control	PLACE te or country) NAME OF ATHER IRTHPLACE F FATHER	(Signed) *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
9 BIRTH (State 10 N F/ 11 Bi OI 12 N OI 12 N OI 13 B	PLACE te or country) MAME OF ATHER IRTHPLACE F FATHER (State or country) MAIDEN NAME	(Signed) *State the Disease Causing Death, or, In deaths from Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents) At place of death
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deaths from (2) Whether

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The materia especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DIS ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

PLACE OF DEATH	06478 STATE OF MARYLAND
County Galtimore	CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Finlerton (No. Fearne	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME / LENGY Jackson	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, Markied (Write the word)	16 DATE OF DEATH Anne 24, 1927
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attanded the dacassed from
Dec. 25, 1853	une 17 100 Junery 100
(Month) (Day) (Year) 7 AGE (If I.F.S. than	that I last saw handlive on
l day bre	and that death occurred on the days stated above, at, m. The CAUSE OF DEATH * was as follows:
76 yrs. 5 mos. 29 ds. or min.?	
8 OCCUPATION .	Certifical appleases
(a) Trade, profession or Harrie	
(b) General nature of industry business, or establishment in	7
which employed or (employer)	(Durstion) yrs mos da.
9 BIRTHPLACE (State or country) Mary Pand	Contributory Secondary
10 NAME OF FATHER	(Signed) (Signed) M.D.
11 BIRTHPLACE	mme 1.7 1900 Address 563/Harford
OF FATHER (State or country) Waknow	*State the Discaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER WILLIAM	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Racent Residents) At place In the of deathyrsmosds, Stateyrsmosds,
(State or Country) / WWW KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual readence
(Informant) Grace Lackson	19 PLACE OF BURIAL OR BEMOVAL PATE OF BURIAL
(Address) Fulletton ma	Carperood Cemetery Jame 28, 30
Filed 6/27 19730 D a Futy Registrar	Fred Lassefre Fullerton
If more banks are neaded, address Stata Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The queser," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Civil engineer, whatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indior given up on account of the DISLASE CAUSING DEATH. en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of worked on may form part of the second statement. the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Farm laborer, without more precise specification as Day Cotton mill; (a) Sulesman. (b) Grocery; (b) Automobile factory. The material Laborerted thus; Farme -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis'); Diphtheria 'avoid use of ''('roup'); Typhoid fever (never report "Typhoid Pneumonia,''); Lobar meumonia, Bronchopneumonia, (''Pneumonia,'')

approved by (Recommendations on statement of cause of delanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide, Poisoned by Examples: A coidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy" "Collapse." "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar: Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) affection need not Committee on Nomenclature Example: Measles (disease etc. The contributory ralvular heart Measles; disease;

Registration Dist. No.

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	(11.00
	107
	-

Baltimore County. Sheppard and Enoch Pratt Hospital

/		T L				
Village	or City_T	ows on	(No	Maryland	 (if death occurs a hospital or in tion, give its NAM stead of street	astitu 4E in
	2FULL	NAME Miss Mary	Cecelia Jack	rson	number.)	

Ville	ge or City	Tows on	(No	
	2FU	LL NAME Miss	Mary Cece	lia Jackson
	PERSO	NAL AND STATIS	TICAL PARTI	CULARS
3 S	emale	White	5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the w	
6 D	ATE OF BIF	TH		
		Septemb		, 1.870 (Year)
7 A	GE	60 yrs. —	mos. 13	If LESS than I dayhrs. ds. ormin.?
Y P	General in usiness, or	ountry)	ework Maryland	
ARENTS	10 NAME FATHER 11 BIRTHP OF FAT (State 12 MAIDE OF MOT	John S. Jac Lace HER or country) Baltin	kson	and
Д.	13 BIRTHI OF MOT (State	PLACE		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records

2 *************************************	*************				
М	EDICA	L CERTIFIC	ATE OF	DEATH	
16 DATE OF DE	C	October (Month	14	Day)	19430 (Year)
August 27		CERTIFY, Tha	t I attend	ed the de	ceased fron
that I last snw	her	alive onQ	ctober	13.,	192/.30
and that death					
The CAUSE OF Suici		1 * was as foll 7 drownin			
*		(Duratio	on)	6.	n > s d
Contributor Secondary	y Ma	enic deprepressed	essive		
		(10 .1	1	III Intelligence	

14 10/30 (Address) Towson, *State the Discase Causing Death, or, in Violent Caus s, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from

	18 LENGTH	OF	RESIDENCE	(For	Hospitals,	institutions,	Trans
1	ients or R	econ	t Residents)				
	At place of death	r. 1	mos. 17 ds	- 41	In the State	yrsmos	ds

Where was disease contracted, if not at place of death?	,
Former or usual residence 219 N. Calhoun St.	, Baltimore
THE SE OF PURIAL OR REMOVAL	DATE OF BURIA

Asudon Park. Cer	- Qet
20 UNDERTAKER	ADDR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baite., Requesting V. S. No. 1.

FOR terms RESERVED INK DEATH In plain WITH UNFADING MARGIN 110 CAUSE O should state item

of certificate properly

may be

See instruction

very Important.

statement of

Every it

(Informant)

BINDING

S. No.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer reer," et ... worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crou"), Typhoid fever (never report "Typhoid Pneumonia"), tobar pneumonia. Bronchopneumonia ("Pneumonia")

diseases resulting from childbirth or miscarriage "Puerperal septicacmia," "Puerperal peritonitis," "Inanition, "Debility" ("Congenital," "Senile," ctc.), "Dropsy" ("Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify al "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of theinjury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, etc. " "Marasmus," "Old Age," "Shock," cough; Chronic valvular heart Nomenclature The contributory ctc.), "Dropsy, disease;

If this certificate is looked over thoroughly and all questions the weekd in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is bermanshily filed.

OV 6 193

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. EXACTI ly classi ficate. (If death occurred in a hospital or institu-tion, give its NAME instend of street and number.) stated propo of cer PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE be WIDOWED. OR DIVORCED (Write the word) That I attended the deceased from 6 DATE OF BIRTH that I last saw h (Year) (Day) 0 0 and that death occured on the date stated above, at . L. IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? ш B OCCUPATION (a) I rade, profession or 0 plain particular kind of work Ш (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE Secondary (State or country) ARGI *State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether RENTS (1) Z CAU Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State yrs...... mos.......ds. of death. Where was disease contracted, if not at place of death? shoule usual residence...... Every it CIANS stateme If more banks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William Laborer, Laborersary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very im ortant, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer.'" (Foreman," "Manager," 'Deal-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, et. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or For many of apations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disense. Bramples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mentalitie"; Diphtkeria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia": Lobos engumonia Browchopneumonia."

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If this certificate is looked over thoroughly and all quitions answered in detail, it will prevent further correspondence. ... he data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1

PLACE OF DEATH	02637 STATE OF MARYLAND
County Day	CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City WALLA LONG 1800 - 10 - 4	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S S S A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH Under 1930 (Mouth) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
The state of the s	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: Assertable by tree follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Tres Aluday Mech 73/1230 mos. ds.
BIRTHPLACE (State or country) Englemed 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) EMB Page	(Signed). (Address). (Signed). (Signed).
12 MAIDEN NAME OF MOTHER (State or country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted,
(Informant) Mis Hallie Tinkler (Address) Eulestoer Md	if not at place of dea.h? Former or usual residence
Filed mar 3 1923 > 2 fmslata Registrar	J. F. Edin Rustellow Md ADDRESS
If more blanks are needed, address State Registres	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at heginning of illness. If retired from should be used only when needed. As examples: (o) gaged in domestic service for wages, as Servont, Cook, definite salary, may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed us At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealetc., without more precise specification as Doy Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs. For persons who have no occupation Form loborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Solesmon, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphileria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJUNY "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be secondary or intercurrent. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic The nature of the injury, etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

and the second								
PLACE OF	DEATH			0263	33 STATE	OF M	IARYLAN	ID
County Balt	imores				CERTIFI	CATE	OF DEA	TH
1			(96)		Regis	tration D	ist. No. 38	
Village or City J.	lewylde	(No	~ d-		St.:	Ward)	(If death of a hospital of tion, give its stead of a number.)	NAME In
		9		***************************************		PORGGGGGG 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
PERSONAL A	ND STATISTICA		5	MED	ICAL CERTIFI	CATE O	F DEATH	
3 SEX 4 CC	N . 4 . ()	INGLE, IARRIED, Marville VIDOWED, OR DIVORCED Write the word)	"لمن	DATE OF DEAT	<i>1</i>		ls 5,	
6 DATE OF BIRTH	1,000	William Bill Worldy		7 I HERE	BY CERTIFY, TI		(Day) nded the dece	(Year)
	Nov. (Month)		553 (Year) ti	Oct. 25	1929 . to	. Nos.	ch 5	1920;
a occupation (a) Trade, profession particular kind of v		I day	hrs. T		curred on the da EATH * was as fo		Naphit	ist.
(b) General nature business, or establis which employed or (BIRTHPLACE (State or country)	of industry hment in			Contributory Secondary	Chronics	selen	osis.	
10 NAME OF FATHER	John Jac	es, Mids.		igned)	30 (Address) 60	m	560la	M. D.
OF FATHER Z (State or count) 12 MAIDEN NAME	- LINA	any			Disease Causing state (1) Mean lai or Homicidal.		or, in death	is from Whether
OF MOTHER	Kilhelmi	usstunt	neway	ients or Recent		r Hospita	als, Institutio	ns, Trans-
OF MOTHER (State or Countr	y) Denna	met.		t place deathyrs		In the State	yrsr	nos,ds.
14 THE ABOVE IS TRU	JE TO THE BEST OF	MY KNOWLEDGE	if	here was disease c not at place of	leath?			
(Informant) (Address	or Louise	Jacob word Rd.	u	PLOE OF BUR	Park	L /	DATE OF E	9 1930
15 Filed Mch /	180 Au	Buster Rogio	trar	John +	Denn.	y 71	ADDRESS	et st
if y	more bianks are need	ded, address State F	Registrar, A	6 W. Saratoga St	., Balto., Reques	ting V. S.	No. 1.	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner; (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planler, nature of the business or industry, and therefore an Physician, Compositor, Architect, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Corebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonocum, etc., Carcinoma, Sorcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicuennia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease letanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The niture of the injury, aecident; Revolver wound of head-homicide; Poisoned by American Medical Associati approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection Chronic valvular heart disease; ctc. The contributory conenclature of the need not be

If this certificate is larged at advoragily and all questions answered in detail it will neglect further correspondence. All the data is essential and thust be obtained before the certificate is permanent, filed.

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1	
PLACE OF DEATH	STATE OF MARY
County 2 a Stempers	
County 13 action of	CERTIFICATE OF
194	(82) Registration Dist. No

Village or City WKW \ (No	St: Ward) a hol
0.0	tion,
2FULL NAME JEMANIA, KOC	atead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINGLE,	
MARRIED,	16 DATE OF DEATH
male will willowed. Augus	
(Write the word)	(Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended to
12 25 1010	192 to
(March) (Day)	that I last and by the state of
(Month) (Day) (Year)	that I last saw halive on
7 AGE [If LESS than	
l dayhrs.	The CAUSE OF DEATH was as follows:
yrs. 2 mos. 4 ds. or min.?	(Icadendal Yroun
8 OCCUPATION	
(a) Trade, profession or particular kind of work	***************************************
(b) General nature of industry	**************************************
business, or establishment in	(Durantam)
which employed or (employer)	(Duration)yss,
9 BIRTHPLACE	Contributory Secondary
(State or country)	
I 10 NAME OF	(Duration) yrs
FATHER O	(Signed)/Wursan R Branner
remanam kaleura	Edgeni 192 (Address 17.10 Box 98
O II BIRTHPLACE	
Z (State or country) Calter mol	*State the Piscase Causing Death, or, in Violent Causes, state (1) Means of Injury and
TE MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother Campil Kamel	18 LENGTH OF RESIDENCE (For Hospitals, Ins
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place in the of death yrs mos, ds. State yrs
(State or Country) unlia	Where was disease contracted,
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
1151	Former or
(Informant) Samuel Uvgel	usual res.dence
110.04 11006	19 PLACE OF BURIAL OR REMOVAL DAT
(Address) 400 E. Idlal R.D.	Herer Herrens lun 1
111111111111111111111111111111111111111	20 UNDERTAKER ADDR
15 Filed July 1 180 John S. Cornelly	10-0 fc
Registral	fuck rown, 14
If more banks are needed, addre.s Ltate Negistral	, 16 W. Savatoga St., Balto., Lequesting V. S. I.o. I.

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH	29, 19230
(Month)	1 (Day) (Year) 4.38
that I last saw halive on	, 192,
and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	*
(Duration) Contributory Secondary (Duration) (Signed) (Address) (Address) (Address)	wants de.
*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths fram. Injury and (2) Whether
IB LENGTH OF RESIDENCE (For Hos ients or Recent Residents) At place In to feath yes mos. ds. Where was disease contracted, if not at place of death?	
PLACE OF BURIAL OR REMOVAL WHEN HERE 20 UNDERTAKER	DATE OF BURIAL 7 3 0 19

No. 1 00

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the not gainfully em-(6) Grocery;

Statement of Cause of Death-Name, first, the DISed term for the same dise.se. Examples: Cerebros pinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); inal meningitis"); Diphtheria (avoid use of "Croup"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

> st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) "PUERPERAL seplicaemia," "PUERPERAL perilonilis," clc. diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, etc. The contributory or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Chronic affection need not be valvular heart Nomenon ture disease; of the

answered in detail, it will prevent by the forces pondence. All the data is essential and must be biging before the comitat is permanently filed.

WRITE AIM, WITH UNFADING INKTHIS IS A P N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. See instructions
WRITE AIM, WITH any item of information shalls should state CAUSE
WRITE AIM, WITH any item of information shalls should state CAUSE
WRITE WRITE N. B.—Every Item of Informati
W.S. No. 1 WRITE N. B.—Every item
۵. % ه

PLACE OF DEATH	12199 STATE OF MARYLAND
County Ballimore	CEPTIFICATE OF DEATH
	Registration Dist. No.
Sherry Pust	//) A
Village or City Mullim (No.	Ward) (If death occurred in a hospital or Institution, give its NAME in-
2FULL NAME Mercedes May	James tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Suste	16 DATE OF DEATH /D > 911 T 94
Frank Wildowed. OR DIVORCED	1920
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Olet 24 1930 to Clet 24 1988
let 24", 1930	mad 911th and
(Month) (Day) (Year)	that I last saw h Malive on
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, nt
yrsds. or 3 /2 min.?	O
B OCCUPATION	() remature 7 mouths
(a) Trade, profession or particular kind of work	
(b) General nature of industry	Telegraphy
business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE	Contributory
(State or country) Shummo wind	(Duration) yremosde.
10 NAME OF A P AGE OF	(Signed tomp be belled M. D.
FATHER John William James	192(Address)
of Father	
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Wersedes My Valuane	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Columbia Os md	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1 e m	Former or
(Informant) John IV. Junes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Shring Our	(Oak Lawn Cen Oct 27, 103)
100000	O UNDERTAKER ADDRESS
15 File Oct 25 1923 u/4 fle com coch	Farents. Janes Cras
If more banks are needed, address State Registration	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Furm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the Dreath—Scausing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Important.

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No. 1. 02 Baltimore

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1-	A		
10	0.	a	

Registration Dist. No.

Village or City	Green	Spring	Valley (No. "Sey	ren Oaks"

St.; Ward)

Ilf death occurred in a hospital or institution, give its NAME tastead of street and number.]

George Carrell Jenkins FULL NAME

PERSONAL AND STATISTICAL PARTICULARS			ARS	MEDICAL CERTIFICATE OF DEATH		
3 5	Ex Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, ORDIVORCEDIVIC (Write the We	Aowed	16 DATE OF DEATH June 5 (Month) 17 I HEREBY CERTIFY. The	(Day (Year)
3 D.	ATE OF BIR		ber, 15, 183	55., 1(Year)	that I last sawh have alive on Jan	for 5 1930
7 A	GE		mos. 21 ds.	If LESS than t day,hrs.	and that death occurred on the date star	
pa (a	CCUPATION) Trade, professi articular kind of) General nature	ion, or work	Retired	10d 00000 000000000000000000000000000000	Termiel Left bon	I mercho
bus	siness, or esta	ablishment in or employer)		***************************************	Contributory Del Cyc Secondary	yrs. mos / ds.
S	10 NAME (FATHE	Thomas	re, Md.		(Signed) / home 1 B2	yrs mos ds.
ARENTS	(State or country) Baltimore, Md. 12 MAIDEN NAME OF MOTHER				*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Violent and (2) whether Acciden-
(Stat		PLACE THER or country) Baltim			18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) At place In the of death	
	(Informant)	Mr.Thomas Cou	rtney Jenk	cins (son)	If not at place of death?	
16 Fil	(Address)	Green Spring	EE M	Chal REGISTRAR	New Cathedral Cemetery 20 UNDERTAKER STEWART & MOWEN COMPANY	June, 7, 1930, 191
(0	If more blanks a	re needed, addre		trar, 6 E. Franklin St., Balto., Requesting V	108 W. NORTH AVE.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberouless of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can mia," ." PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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н	PLACE OF DEATH	STATE OF MARYLAND
	County Battmonore	CERTIFICATE OF DEATH
-11	1	742
	Mille Rien	Registration Dist. No.
	Village or City/Maale Wo.	St.: Ward) (If death occurred in a hospital or institu-
		tion, give its NAME is -
1	2FULL NAME WSERP V. Jeny	stead of streat and number.)
		1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH NOV. 17 1030
5	male White OR DIVORCED	nov. 17, 1930
2	(Write the word)	(Month) (Day) (Year)
N	6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That hattandad the deceased from
,	Jan. 25 1868	1925. to 1671, 1928,
	(Month) (Day) (Year)	that I last saw h alive on 192,
	7 AGE [If LESS than	and that daath occurred on the date stated above, atm.
4	/ 2 0 10 l day hrs.	The CAUSE OF DEATH * was as follows:
100	Q 2 yrs. 9 mos. 19 ds. or min.?	0 0 0
	BIOCCUPATION - 11	- Ollehal Me Ourilea.
	(a) Trade, profession or particular kind of work there merchant	
N	(b) General nature of industry	
	business, or establishment in	(Durstion) yrg mog de
N	which employed or (employer)	Contributory Contributory
	9 BIRTHPLACE State or country R M 0 D	Secondary
	calli. Co. (nayland	(Durnop)moe,ds.
	FATHER OF OF	(Signed). Clare M. D.
	Juliane 1. Jensemo	,!
	U BIRTHPLACE OF FATHER	
	Z (State or country) SCITA (a Mortelland)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	TI 12 MAIDEN NAME A	Accidental, Suicidal or Homicidal.
	of MOTHER alphornal Carlle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	iants or Recent Residents) At place In the
	OF MOTHER (State or Country) Balto. Maryland	of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
	(Informan Olygebell H. lenkins	usual residence
	02:110/18	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Middle Owel	Oak Lawn lemetery nov. 19, 1,30
	15 0 18 5 18 66 11	20 UNDERTAKER DADDRESS
	Filed Mrs. 18 1920 Ama Correlly	Theodorick Land (7401 Rolling
	Registrat	The man down the property
1	If more banks are needed, address tate Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12500

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on American Medical Association.) telanus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	14690 STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty Saltimore	101-0 / Registration Dist, No. 44
Villa	2 FULL NAME Margaret P. Jen	Nation for St. Ward) (If death occurred in a hospital or insiltu- lion, give its NAME in- etead of street and summber.)
17	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13.8 Hu	male Thite Single, MARRIED, Wildow or Divorces (Write the word)	16 DATE OF DEATH Lec. 25, 1930 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D.	ATE OF BIRTH	Dec 19 1930, to Occ 25, 1930.
	(Month) (Day), 1856	and that death occurred on the date stated above, at 450 mm.
7 AG	If LESS than I dayhrs.	The CAUSE OF DEATH 'A was as follows:
Ta	CCUPATION) Trade, profession or articular kind of work	Lobo Meunouia
(b) General nature of industry usiness, or establishment in hich employed or (employer)	
	(State or country) Baltmore Co. md	Contributory Secondary (Duration) yre mos da
	10 NAME OF Charles Donnelly	(Signed) A M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER agnes & Through	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of deathyrsmosda, State,yrsmosda. Where was disease contracted,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs. Manua (O. Manley	usual residence
15	(Address) 839 M. Grutton Chre	Festern Alec 27, 1030
1	Filed Mec. 26, 1920 John J. Connelly Registrar	Horace M. Burgee 363/ Falls Roa

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Cure should be taken soork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) a. ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. fired 6 yrs.). For persons who have no occupation to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material The ques-

ZASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; "Puerperal septicuemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustica," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mensles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritunarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenciature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease vulsious," (secondary or intercurrent) affection need not be(name origin; "Cancer" is less definite; avoid Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; (Recommendations on state-Struck by railway "Coma," "Con-Measles; (second-(merely

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED UNFADING IN WITH

V. S. No. 1

N. B.

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1	1	Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	WRITE FAINER, WITH UNFADING INKTHIS IS A PERMANENT CORD	Every item of Information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	03992 STATE OF MARYLAND
County Ballinson	CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City was Styndow (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Off, 8 1923 O (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decensed from 1923, to 1923, that I last saw h alive on 1923,
7 AGE If LESS than I day 4 hrs. mos. ds. or min.?	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work	Geganass
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yes
10 NAME OF FATHER . Complete	(Signed) M. D. Gyr. 8 1922 D (Address) Paralectonia
OF FATHER (State or country) 12 MAIDEN NAME D (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidel.
12 MAIDEN NAME OF MOTHER Devolute OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) (Addreas)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL G& Idourn Gpr. 8, 1930
1 1	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile fuctory. The material For persons who have no occupation -Coul mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup...); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus, Viu 25",
> "Uraemia," "Weakness," etc., when a definite disease "Dobility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by earbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis Examples: Aceidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Committee on Nomenclature Chronic valvular heart disease, etc. The contributory Measles;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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important.

8

PARENTS

3 SEX

7 AGE

6 DATE OF BIRTH

B'OCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(a) Trade, profession or

particular kind of work (b) General nature of industry

business, or establishment in

which employed or (employer)

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICU

(Month)

yrs. /0 mos.

4 COLOR OR RACE

5 SINGLE,

MARRIED,

OR DIVORCED (Write the word)

(Day)

²FULL NAME

11.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 37
Queste	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street end number.)
LARS	MEDICAL CERTIFICATE OF DEATH
ingle.	16 DATE OF DEATH Dec. / 2 , 1930 (Year)
, 1920 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923 D. to 1923 C. that Mast saw h alive on 12 1923 C.
If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
***************************************	(Durstion) yrs mos ds.
mid.	Contributory Secondary (Duration)ds.
	(Signed) 03 R 3em M. D. 104 12 193 V (Address) Crefte grall-
Mid.	*State the Liscase Causing Death, or In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2ev	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
nd,	At place of death
	Former or usual residence

14 THE ABOVE IS TRUE

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL Dec. 15 , 1930_

805h. Calvert

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fired 6 yrs. state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only not paid Housekeepers who receive a er," etc., Spinner, should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (re-Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Colton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery;

spinal meningitie"; Linktherna avoid use of "Croup"); to time and causation), using always the same accepted term for the same discuse. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") EA. E CAUSING DEATH the primary affection with respect Strtement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Ethaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," stated unless important. Example: Meastes (disease Examples: Accidental drowning; Struck by railway train-"Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarconu, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic valvular heart discase; affection need not be etc. The contributory Nomenclature of the

answered in detail, it will prevent further correspondence. All the data its essential and must be obtained before the certificate is If this dertificate is looked over thoroughly and all qu stions

permanently filed.

S. No.

m 2

	PLACE OF DEATH County Ball	12200 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 32
	Village or City Coal Strain (No. Tars	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX: 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Sight 37 1930 to Och J 1930 that I last saw here alive on Coh J 1922
	7 AGE yrs. mos. da. lfLESS than l day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstipn)yrsmosds
	9 BIRTHPLACE (State or country) Coclo slow	Contributory Secondary (Duction) yts
2	10 NAME OF FATHER Howard Jalm.	(Signed) . J. Bekeley M. F. Och S. 193 (Address) 3337. Bekedes and
	OF FATHER Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	of MOTHER Cathyrens 73 mg	ients or Recent Residents) At place of death yrs mos ds. State yrs descent de
	(Informant) Wm Boyd.	if not at place of death? Former or usual residence
0.00	(Address) Eccleston mot	Stone Chapel Cemeler Cott 6. 1930
	Filed Oct 6 - 19230 66 lucholy Registrar	Fruit H. newell Tikesville me
4	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired er," etc., Physician, business, that fact may be indicated thus; Farnar (retired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer out mine, even the en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. or given up on account of the DISEASE GAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomolive engineer, The ques-

spinal meningitis"); Diphtheria avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebros pival to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Line Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

data is essential and must be obtained before the certificate is

If this certificate is looked over thoroughly and all questions ered in detail, it will prevent further correspondence.

answ

permanently filed

Ouse of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Lapproved by Committee on Nomenclature American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o .(Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephrilis, unqualified, is indefinite); Tuberculosis of lungs, men-10 ds. (secondary or intercurrent) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tetapus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid affection need not be

V. S. No. 1

PLACE OF DEATH County Hellunge	STATE OF MARYLAND CERTIFICATE OF DEATH
the contract of	Registration Dist. No. 44
Village or City Selle (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Wolney	16 DATE OF DEATH JULY 49 , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h walive on 19230
7 AGE 15 Thuyrs 3 mos. 72 ds. or min.?	and that death occurred on the date stated above, at 2 . Q. U.J.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cufferfral Harmonloge (Duration) 8 yrs mos ds
which employed or (employer) 9 BIRTHPLACE (State or country) Half lewel	Contributory Secondary Duration)
10 NAME OF HERUSTAN	(Signed) M.D.
STATES (State or country) Lelevina	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER WERELEVILLE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos, ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) (Address) (Address)	Sharp of Burial Or REMOVED DATE OF BURIAL Sharp of Church July 1932
Filed June 30 193 0 John G. Cornelly Registrail	Harma Munich 700 north
If more bianks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting S. Sinello

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, worked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atropny, Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

PLACE OF DEATH	STATE OF MARYLAND
Count Pallunce	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or difaudalla truspo.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Cora John	tion, give its NAME instand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH
Killale (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Qua 15 1889	1930. to Feb. 5, 1930.
(Month) (Day) (Year)	that I last saw her alive on Fely 4 13d.
7 AGE f LESS than	and that death occured on the data stated above, at m.
41 5 20 Idayhrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION mos. de. or min.?	
(a) Trade, profession or particular kind of work	Justereulous Jungo
(b) General nature of industry	
business, or establishment in which employed or (employer)	Der from Travel mos de.
9 BIRTHPLACE	Contributory
(State or country) Manual and	Secondary (Duration) vis. mos de
10 NAME OF	TV & Mail-
FATHER DO, Dares	Tele 5 act Nanda Olatha
U) 11 BIRTHPLACE OF FATHER	*State the Disease Country Death or In deaths from
OF FATHER Z (State or country) Maryland 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER SA PLAN BELL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE	ients er Racent Residents)
OF MOTHER (State or country)	At place . In the of death yrs mos ds State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
18	Former or usual residence
(Informant) rance huse	18 PLACE OF BURIAL OR REMOVAL PATE OF BURDAL
(Address) aux allatour	Luisa Bottel They 7 30
15 3/17 3- 1/20/11/	20 AMPERTAKER DADDRESS / 1/2
Filed 2/3 1930 H. + 8hift	Hempley alto and

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balta., Requesting V. S. No. 1.

CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK---THIS IS A PERMANENT RESERVED FOR BINDING MARGIN WRITE PL

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Never return 'Laborer,""Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISTASE CAUSING DEATH. to report specifically the occupations of household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Automobile factory. The material (b) Grocery, persons cn-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

'.PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, Liaemonnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telunus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping taken. For violent deaths state means of injury (secondary approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the cough; or intercurrent) Chronic affection need valvular heart disease; etc. The contributory not be

If the certificate is boked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is exental and must be obtained before the certificate is permanently filed.

BINDING plain terms, so that it may be properly classified.

See instructions on back of certificates FOR RESERVED ully supplied. ARGIN N. B.—WRITE PLAI mation shoul CAUSE OF A

HEALTH DEPARTMENT—CITY OF BALTIMORE

12201

	CERTIFICATE OF DEATH.	
	1-PLACE OF DEATH OHTY OF BALTIMORE: No. 124 Chesalesh 2-FULL NAME Frank Johnson (24 Chesalesh	REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	(a) RESIDENCE NO. The state of	(If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) act 4, 30.
	5a If married, widowed, or divorced HUSBAND of (or) WIFE of PODA (S.)	HEREBY CERTIFY, That I attended deceased from
	andonina	that I last saw hamalive on OS 3, 1930,
	6 DATE OF BIRTH (month, day, and year)	and that death occurred, on the date stated above, at
	62 whensw ormin.	The CAUSE OF DEATH* was as follows: Lupendial Relambership
	(a) Trade, profession or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer).	(duration) 2 yrs, mos ds. CONTRIBUTORY Out to bleast (Secondary)
	(c) Name of employer	(duration) yr Mines ds. 18 Where was disease contracted
	9 BIRTHPLACE (city or town) Jowson Mac (State or country)	if not at place of death? Date of Did an operation precede death? Date of
1	10 NAME OF FATHER Frank Johnson	Was there an autopsy?
2	11 BIRTHPLACE OF FATHER (city or town) (State or country)	(Signed) , If. D.
21.7	12 MAIDEN NAME OF MOTHER JESTER Howard	Oct 518 30 (Address) Louson Will
1 10	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
3	Informant Carrie Shipson (Address) /2 4 Chrs ahr be greet one	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL TO PERSON REST CENT 10-7-193
-	15 Flied Beb 5, 1920 Africa Cyffe Registrar	BULLD 19 6 1918 mg & MESSAL ST

[Approved by U. S. Census and American Public Health Asso.]

examples: (a) Spinner, (b) Cotton mu, (c) Salesman, (b) Grocery; (a) Foreman, (b) Antoaccount of the disease Causing Drath, state occu-If the occupation has been changed or given up on ice for wages, as Servant, Cook, Housemaid, etc. occupations of persons engaged in domestic servreceive a definite salary) may be entered as House wife, Housework or At home, and children, not part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form ment; it should be used only when needed. examples: (a) Spinner, (b) Cotton mill; an additional line is provided for the latter state especially industrial employments, it is necessary e. g., Farmer or Planter, Physician, Compositor, pation whatever, write None. gainfully employed, as At school or At home the household only (not paid Housekeepers who nature of the business or industry, and therefore Stationary Fireman, etc. respective of age. For many occupations a single The question applies to each and every person, iroccupation is very important, so that the relative (retired, 6 yrs.). business, that fact may be indicated thus: Farmer pation at beginning of illness. If retired from Care should be taken to report specifically the Laborer, Farm Laborer, Laborer-Coal Mine, etc. Architect, Locomotive Engineer, Civil Engineer, word or term on the first line will be sufficient, healthfulness of various pursuits can be known. Women at home, who are engaged in the duties of Statement of Occupation.—Precise statement of know (a) the kind of work and also (b) the more precise For persons who have no occuspecifications, But in many 250 cases, Day

culosis of the lungs, meninges, peritoneum, etc., Curcinoma, Sarcoma, etc., of (name oridefinite synonym is "Epidemic cerebrospinal menways the same accepted term for the same diswith respect to time and causation), using al-DISEASE CAUSING DEATH (the primary Typhoid ("pneumonia," unqualified, is indefinite); Tuber-Statement of Cause of Death .- Name, first, the Examples: Cerebrospinal fever (the Lobar); Diphtheria (avoid the use of "Cronn"); fever (never report "Typhoid pneumopneumonia; Broncho-pncumonia affection only

> soned by genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock." "Uræmia." "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage dations on statement of cause of death approved under the head of "Contributory." consequences (c. g., sepsis totama) may be stated nature of the injury, as fracture of skull, and dent; dental drowning; Struck by railway trainsible to determine definitely. Examples: Acci-MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. For violent dearis state as "Puerperal scoticemia," "Puerperal peritoni mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Con-(secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæ-Medical Association. by Committee on Nomenclature of the American ease causing death), 29 ds.; Broncho-pneumonia stated unless important. ondary or intercurrent) interstitial nephritis, etc. mor" for malignant neop. gin "Cancer" is less de ing cough, chronic valvular heart disease; Chronic etc. State cause for which surgical opera-Revolver wound of head-homicide; Poi-HOMICIDAL, or as probably such, if imposcarbolic acid-probably suicide. Example: Measles (disaffection need not SILIS The contributory (sec-Measles; Whoopoid use of "Tu-(Recommen--acci-

Additional space for further statements by physician

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or institu-tion, give its NAME insteed of street and number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) uo 6 DATE OF BIRTH nstructions (Month) (Year) and that death occured on the date stated above, at 7 AGE Ilf LESS than I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? B OCCUPATION

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 11 BIRTHPLACE RENTS OF FATHER ths Disease Causing Death, or, In Causes, state (1) Means of Injury and (State or count Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For PA OF MOTHER Hospitals, Institutions, Trenslente or Recent Residents) 18 BIRTHPLACE At place of death... In the OF MOTHER yre......de. 0 Where was disease contracted, if not at place of deeth?..... Former or usual residence. (Address) Filed 5

more blanks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. 76. 1.

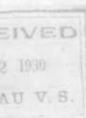
(Approved by U. S. Census and American Public Health Association.)

en at home, tired 6 yrs). state occupation at beginning cfillness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emfulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISTASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As champles: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Physician, Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day specifically the occupations of Compositor, Architect, Locomotive engineer, who are engaged in the For persons who have no occupation (b) Automobile factory. The material -Coul mine, etc. Womduties of the persons en-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart tanure, "Old Age," "Shock," as fracture of skull, and consequences (c. g., sequences) telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. carbolic acid - probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Turnor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train (secondary Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease The nature of the injury, etc. The Always qualify all contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.



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V. S. No. 1

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PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
0-11	Registration Dist. No. 30
Village or City Cold Cold (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an
2FULL NAME HOONY 1- 1 HOUN	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 2 4 , 1923 8 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Dey) (Yeer)	11 I HEREBY CERTIFY, That I attended the deceased from 192 . to 2 , 192 . that I last saw h/M alive on 192 .
7 AGE If LESS than I day hrs. or min.	
(b) General nature of industry business, or establishment in which employed or (employer)	Constitute Court R. Pros. 9 de
9 BIRTHPLACE (State or country) April (Cr MC)	Contributory Reckets Secondary Ouration Area no de
10 NAME OF FATHER CANCALL ASMITTANCE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) M. D. M.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Batto O MO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Magain Johnson	Where was disease contracted, if not at place of death?
(Address) Plublisher MO Filed Graz 26 1923 6 Downslasse) Registrar	A Suches Curetay Dec 26 1936 20 UNDERTAKER ADDRESS
If more bianks are needed, address State Registrar	r, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthadditional line is provided for the latter statement; it Civil engineer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephrilis, etc. approved by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic affection need valvular heart Nomenclature The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1.

N. B.

PLACE OF DEATH	4693 STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City paraus p. (No. , _	St.: Ward) (If death occurred in a hospital or institu- ion, give its NAME in-
2 FULL NAME Hay herns as	Selmoen street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH DEC 22, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Fine 10, 1914	that I last saw h Maline 10 2 2 , 1920 G
(Month) (Day) (Year)	and that death occurred on the date stated above, at 9 m.
If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
	P.12 marty beneators
(a) Trade, profession or particular kind of work.	Juemonary ouvasor vous
(b) General nature of industry business, or establishment in	(Duration) yrs 2 mos 7 ds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Signed) (Duration)
FATHER Kdin & Johnson	12/26 1930 (Address) 11 Drues Hel. Bacy
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal,
of MOTHER Lelian M. Lary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informent) Tellia Kdunsero	Former or usual residence
(Address) 817 9 St Spanney -	19 FEACE OF BURIAL OR REMOVAL DATE OF BURIAL DEL 26.19 30
Filed Die 26 1923 GMyannigam D	20 UNDERTAKER ADDRESS
16 more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestive V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persous en-(a) Foreman, (b) Automobile factory. business, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been chauged whatever, write None. tired 6 mrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The material

Lobar pneumonia, Bronehopneumonia ("Pneumonia Typhoid fever (never report "Typhoid pneumonia") spinal meningitis"): Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synouym is "Epidemic ecrebro-

the certificate is permanently filed.

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes (disease use of "Tumor" for malignant ueoplasms); Measles; nges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Chronic interstitial nephritis, etc. The contributory head of "contributory." (Recommendations on statequenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as rhage," "Inunition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustiou," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; State cause "Puerperal scoticaemia." "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease vulsions," Whooping cough; Nomeuclature of the American Medical Association.) ment of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debllity" ("Cougenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart disease; Struck by railway (second-

PLACE OF DEATH 23	3563 STATE OF MARYLAND
County Balts.	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Chesacs Parks (No. 150	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of streat and
FULL NAME JOHN JOHN	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 200. 4 d , 1980 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1993	
(Month) (Day) (Year)	ic in P.
AGE If LESS than I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
3 8 yrsds. ormin.?	
(a) Trade, profession or Later	Strick by Penn, R.P. Train
particular kind of work.	the 104; unavoidable accident
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
(State or country) M. Carolina	Secondary (Durstion) yrs
10 NAME OF John Johnson	(Signed) Jacob Wallman Coroner M. D.
11 BIRTHPLACE	J. 192 (Address) There in the Dune
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recant Residents) At place
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Hatte Istimore	Former or usual residence
Esnon allowed Ox	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) O M Remove of	mt Calwany nov. 8, 1930
Filed nov. 5 1980 John G. Cormelly Registrar	mus. R. Ellett 1725 ashlan Con
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train— Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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	PLACE OF DEATH	01391
	$\Delta \gamma_{\alpha} V T_{1}$	STATE OF MARYLAND
	County All Ourson	CERTIFICATE OF DEATH
		Registration Dist. No. 44
	Village or City Sparrons (No Tomb) 2FULL NAME John Bloh	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jely 17, 1920 (Month) (Day) (Year)
1	6 DATE OF BIRTH	17 I HEREBY CERTIFY, Dat I attended the deceased from
ì	aml 75 1892	inveligate 192 Ara Cause of, 192
	(Month) (Day) (Year)	the chart of who are the find, 192,
	7 AGE [If LESS than	and that death occurred on the date stated above, at 9:15 am.
	An 9 YY day hrs.	The CAUSE OF DEATH * was as follows:
	yrs. mos. ds. or min.?	accedental sufficient by
	(a) Trade, profession or particular kind of work	Vergauet.
3	(b) General nature of industry business, or establishment in Maryland Hay los which employed or (employer) Maryland	(Duration) yrs. mos. ds.
	9 BIRTHPLACE (State or country) Trochland Co. Ja	Contributory Secondary (Duration) via
	10 NAME OF PATHER STATES LA AMERICA	(Signed) As Non Muyolas Coronald.
	0 11 BIRTHPLACE	VIIT 1920 (Address) / 2 moores found
	OF FATHER (State or country) OCHRANGO OU	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Tables Autiman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) OCALLA C, VA	At place of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) ms Janu Borm con	Former or usual residence
	(Address) 10 x x 7 s, Carry 4.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1931
	Filed Fet. 19 to 19230le Molemical ma	Edward Thusley Budle &
	If more branks are needed, addre a State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E-haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY g cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory Measles ;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County properly classified. Registration Dist. No Village or Cit (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street end number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED may be n back WIDOWED. OR DIVORCED (Write the word) (onth) (Day) 6 DATE OF BIRTH That I attended the deceased from instructions hat (Day) . (Month) (Year) O 7 AGE If LESS than and that death occurred on the date state I day hrs. The CAUSE OF DEATH * peliddus rms 8 OCCUPATION See te (a) Trade, profession or particular kind of work carefully piai (b) General nature of industry business, or establishment in 2 mporta which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) DW DO 10 NAME OF Shoul 11 BIRTHPLACE OF FATHER CAUSE RENT te the Disease Causing Death, or, in Causes, state (1) Means of Injury and deaths from Information (Statuor country) (2) Whether and Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER State should state ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State of death (State or Country) Where was disesse contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h? Every Item CIANS sho item Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA (Addresa) If more branks are needed, address ttate Registrar, 16 W. Saratoge St., Balto., Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement Foreman, (b) Automobile first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-DASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY and consequences (e. g., sepsis Example: Measles (disease affection etc. The contributory valvular heart disease; need not be

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X		Exact
MARGIN RESERVED FOR BINDING	WRITE MINT, WITH UNFADING INKTHIS IS A PERMANENT ECORD	BEvery item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN	WRITE LAINT, WITH UNFADIN	BEvery item of information should be car. CIANS should state CAUSE OF DEATH in statement of OCCUPATION is very import

Z

7. S. No. 1

PLACE OF DEATH	14694 STATE OF MARYLAND
County / Jal/more	CERTIFICATE OF DEATH
0	Registration Dist. No. 37
Village or City Cockeys with 11 Fr ANO.	St: Ward) St: Ward) (If death occurred in a hospital er institution, give its NAME instead of street and
2FULL NAME Cary Forms	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Acc Menth (Day) (Year)
6 DATE OF BIRTH Occ /f , 193 (Month) (Day) (Yes	that I last saw h or alive on the
7 AGE Sall Dir Th If LESS I day wrs. mos, ds. or m	than hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Contracted Pelor Caising delay in
business, or establishment in which employed or (employer)	Contributory Difficulty Forces Difficulty Secondary (Duretion) yrs mos 2 ds.
10 NAME OF FATHER Softiam Johnson	(Signed) Ather of Drach M. D. Occ 19th 1920 (Address) Cockeyouthe Mid
OF FATHER (State or country) 12 MAIDEN NAME 14 GALL 15 GALL 16 GALL 17 GALL 18	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Wildred Marie Howard 13 BIRTHPLACE OF MOTHER (State or country) Jack, Co Mil	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the Of death State yrs december of death
(Informant) Mulian Johnson Take	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Cockeysville md	Toughs Chape Comp. Dec 194 1930
Filed Dec/8" 1920 A Brach M. Registra	N III TO THE TOTAL THE TOT
If more branks are needed, addross State Regi	atrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nerwant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Teal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed whatever, write Nonc. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. (b) Grocery,

Statement of Cause of Death—Name, first, the DISPASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary) cough; or intercurrent) Chronic etc. The contributory valvular heart diseuse; affection need Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A.lthe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 5 SINGLE. COLOR OR RACE 16 DATE OF DEATH MARRIED BINDING WIDOWED. OR DIVORCED (Write the word) (Day) HEREBY CERTIFY, That I attended the descessed from (Month) (Day) (Year 7 AGE and that death occured on the date stated above, at _. IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: SERVED OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) ... ARGIN Contributory 9 BIRTHPLACE Secondary (State or country) pine 10 NAME OF 0 S D 11 SHRTHPLACE FNH Information ate CAUS OZ *St..te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or coun 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Transients or Recent Residents) Occu 13 BIRTHPLACE At place OF MOTHER yrs......mos.. item of i Where was disease contracted of if not at place of death? Every item CIANS sho Former or usual residence (Informant If more blanke are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting/V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e. g., Farmer or Planter, f threes of various pursuits can be k: own. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housecn at home, w should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only that I paid Housekeepers who receive a nature of the husiness or industry, and therefore an Physician, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. contion is very important, so that the relative health report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation are engaged in the duties of the Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croun"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptom-(secondar/ or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping telanus) may be stated under the head of "contributory". American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, Examples: Aecidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJUNY interstitial nephritis, by cough; Coma ittee on Chronic etc. valvular hourt disease; Nomenclature of the The Sarcoma,, etc., of contributory

If this certificate is I oked over thoroughly and a lqu fions and vessed in dotail, it will prevent further correspondence. he data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Balto 2FULL NAME Many Mangare PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE, MARRIED, 3 arrived (Write the word) DATE OF BIRTH AGE (Month) (Day) (Year) AGE (Month) (Day) (Year) AGE (Month) (Day) (Year) AGE (Month) (Day) (Year) BIRTHPLACE (State or country) Mangared 10 NAME OF FATHER (State or country) Sermany 112 MAIDEN NAME OF MOTHER (State or Country) Sermany 113 BIRTHPLACE OF MOTHER (State or Country) Sermany THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
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(Informant) floyd 6. Johnson
(Address) mystle (esc:
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Filed apr. 18 1980 Jung Comelly Registration

If more blanks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month)(Day) I HEREBY CERTIFY, That I attended the deceased nat death occurred on the date stated above, at AUSE OF DEATH * was as follows: (Duration) dondary (Address) *State the Discase Causing Death, or, in Jent Causes, state (1) Means of Injury and deaths from (2) Whether idental, Suicidal or Homicidal. NGTH OF RESIDENCE (For Hospitals, Institutions, Transs or Recent Residents) In the was disease contracted, at place of dea.h? esidence DATE OF BURIAL

No 00 Every

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the without more precise specification as Day Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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S. No.

PLACE OF DEATH	01302 STATE OF MARYLAND
Nasha 6	CERTIFICATE OF DEATH
County Baltin lo	Registration Dist. No. 39
Village or City Sungh (No. ,	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINCLE, MARRIED, WIDOWED OR-DIVORCED (Write the word)	16 DATE OF DEATH 7.4. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	1 1 20 1921 to Ist 23 , 1923 40
(Month) (Day) (Year)	that I last aaw h A. alive on L. L. L. W 192
7 AGE III LESS than	and that death occurred on the date stated above, at L
l dayhrs.	The CAUSE OF DEATH & was as follows:
8. OCCUPATION (a) Trade, profession or particular kind of work	Bistal Register
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Z yrs. V. mos. V. de,
9 BIRTH PLACE (State or country)	Contributory Secandary Audic Duration yrs mos da
10 NAME OF FATHER	(Signed) M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. May State, Myrk mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Thing lefe drain	Former or usual residence
(Address) Phany Bull-bu ma	Bath by Market Date of Burial.
Filed 7/25/30 192 Prancis Otalake	20 UNDERTAKER ADDRESS Ball for
U more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servent, Cook, to report specifically the occ. pations of persons enployed, as At school or At home. Oure should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer: Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) at littonal line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen. etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus: Farmer (re Housemaid, etc. white Wone. Statement of Occupation-Precise statement of oc etc., without more precise specification as Day For many occupations a single word or term on Or JT8.). At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Womsecond statement. But in many

Easy causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

ment of cause of death approved by Committee on head of "contributory." conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," (name origin; "Cancer" is less definite; avoid ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause "PUERPERAL septicuemic." "PUERPERAL peritonitis," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.) Chronic interstitial nephritis, etc. train-accident; Revolver wound of head-homicide; Examples: (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Poisoned by curbolic acid-FOR VIOLENT DEATHS STATE MEANS OF INJUBI Accidental drowning; Struck by railway for which surgical operation was under-(Recommendations on state-Example: Measles -probably suicide. "Amaemia" The contributory "Coma," "Con-Measles; The na-(second-(disease (merely

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V. S. No. 1

PLACE OF DEATH	07712 STATE OF MARYLAND
County Sallmore	CERTIFICATE OF DEATH
250	Registration Dist. No.
Village or City When (No. 2FULL NAME Holland Henry of	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH LULY / 7 1920 (Year)
6 DATE OF BIRTH Jan: 3/ , 1917	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Yyhr) 7 AGE (Month) (Day) (Yyhr) 1 day hrs. or min.?	1 - /
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Saw Copo humadeth after Ideath A Tracland (Duration) yrs mos do Contributory Morlin Physician
9 BIRTHPLACE (State or country) Jalto Co mil 10 NAME OF June Asmy Johnson 11 BIRTHPLACE OF FATHER (State or country) Ballo Co Mil	(Signed) (Duration) (Duration) (Signed) (Signed) (Address) (Covorces) (M. Duration) (Signed) (Signed) (Address) (Signed)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. Where was disease contracted, if not at place of death?
(Informant) William Henry Johnson (Address) Buffer our Filed July 8 192 A Frack Our & Registrar	Former or usual residence. 19 Deace of Burial OR REMOVAL Jough M. E. Churley Sulg/9th, 180. 20 UNDERTAKER ADDRESS Sparks More Sparks More
If more banks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0

WRITE

1PLACE OF DEATH	02639 STATE OF MARYLAND
County Sal To.	CERTIFICATE OF DEATH
11/1/20/10/	Registration Dist, No. 35
Village or City	St.: Ward) (If death occur. It
2FULL NAME Seven month	Still stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED, OR DIVERCED	16 DATE OF DEATH March 1, 1980
male Collored (Write the word) Sungry	(Month) (Day) 730 (Year)
6 DATE OF BIRTH	march 1 1930 to present 1, 1923
(Month) (Day) (Year)	that I last saw h in on Imprah 1 1936
7 AGE [If LESS than	
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
(a) Trade, profession or	Julis
particular kind of work	
business, or establishment in which employed or (employer)	(Durstion)yrsds
9 BIRTHPLACE	Contributory
(State or country) What I hall Ratto be	Secondary (Duration)
10 NAME OF	(Signed) Albert 20 Henry M. D.
FATHER Harry Famel Johnson	- march 1 1930 (Address) Offita Hall Tras
OF FATHER LA CL	
(State or country) Balto le uty bry	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Codna Imagoromel	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
000 40 //	Former or
(Informant) Most Joffensehr)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) White Hall Ingl	1000 Angellin man 1 102
15 0 11A 12 10 1 -	20 UNDERTAKERA A ADDRESS
Filed May Druggs M. Bollel	Harry D. Johnson Falty West Hees
If more banks are needed, address tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e g. . Farmer or Planter, tion applies to e.ch and every person, irrespective ef definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, to report household only Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesspecifically the occupations of persons en-(b) For persons who have no occupation (not paid Housekeepers who receive a n mill; (a) Sulesman, (b) Grocery;
Automobile factory. The material Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meninatis"); Diphtheria (avoid use of "Croup"); Synhold fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(E:haustion," "Heart lanure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E chaustion," "Heart failure," "Haemorrhage," st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; affection need

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WRITE WITH UNFADING INK-THIS IS A PERMANENT ECORD W. B.-Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING MARGIN RESERVED FOR S No. 1 >

County Baltinione	08973	STATE OF MARYLAND CERTIFICATE OF DEATH
	198)	Registration Dist. No. 3
Village or City / awson (No		St.: Ward) (If death occurred la hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
ASEX HOUSE Boloce Boloce WIDOWED. (Write the word)	16 DATE OF DEATH	aug 25, 1930
6 DATE OF BIRTH		Y CERTIFY, That I attended the deceased from
(Month) (Day) (Year)		192, 192, 192
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	and that death occur The CAUSE OF DEA' Sulled by	rred on the date stated above, at
business, or establishment in which employed or (employer)	Contributory Secondary	(Durstion) yrs. mos ds.
10 NAME OF FATHER do not know	(Signed)	V2 R Butto Coroners D.
OF FATHER Z (State or country) U 12 Maiden Name		isease Causing Death, or, In deaths from ate (1) Means of Injury and (2) Whether
OF MOTHER Marguret Johnson 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		SIDENCE (For Hospitals, Institutions, Tr.nssidents) In the State yrs mos ds.
(Informant) Margaret policison	Former or usual residence	
(Address) Mowson alla Filed Aug 25 1930 M2R Byte	PLACE OF BURIAL LEASANT / C 20 UNDERTAKER	est Aug 26, 1930
If more b.anks are needed, addre.s : tate Negistrar,	, 1 W. Saratoga St.,	Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, FOR VIOLENT DEATHS state MEANS OF INJU.X Chronic valvular heart disease; Nomenclature of the

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11	. 1	0527	9	
	PLACE OF DEATH		STATE OF I	MARYLAND
	County C/ M Musor	80	CERTIFICATE	OF DEATH
	1 21 Q.	se 1	Registration I	Dist. No. 44
V	2FULL NAME Churles 17.	Inex	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE C	F DEATH
3	Male leslors Strong Widows Windows (Write the word)	16 DATE OF DEATH	May 9	, 1930
6	DATE OF BIRTH April 16 , 1867 (Month) (Day) (Year)	17 I HEREBY	CERTIFY, That I atte	Day Light of the decased from 192
7	63 yrs. 4 mos. /6 ds. or min.?	The CAUSE OF DEAT	red on the date stated "H * Mayas follows: "Hyde	above, at 4:00 Pm.
1	occupation (a) Trade, profession or particular kind of work Might Watchman			
0	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory	(Duration)	yrsds.
	10 NAME OF PATHER Claron Jones	(Signed) As NO	M'Meryland	yis mos ds.
STNE	OF FATHER (State or country) May level		sease Causing Death, ate (1) Means of injor Homicidal.	or, In deaths from ury and (2) Whether
PARE	12 MAIDEN NAME Sertrude Ford		SIDENCE (For Hospit	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Marylaer	At place of deathyrsm	osds. In the	yrsds,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dead	acted, h?	
	(Informant) (Address)	aspung	OR REMOVAL	May 12, 1980
15	Filed May / 2 19230 9 All Commissions	to undertaker	have son	1400 Mosher
	If more branks are needed, address tate Registrar	, 16 W. Saratoga St., I	Salto., Requesting V. S.	No. 1. // T

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou shold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dcalwhatever, write None. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b)

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory " Haemorrhage,

If this criticate sholded over thoroughly and all qu stions answered indeed (St. will preven that correspondence. All the data is exeminal and make the obtained large the certificate is permanently fied.

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PLACE OF DEATH	12202 STATE OF MARYLAND
County Nallo	CERTIFICATE OF DEATH
1 0 0 0	Registration Dist. No.
Village or cot Harris Pontinend Lord	803 09 struct tion, give Its NAME II -
2 FULL NAME Claude Junes for	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 6, SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH - Mar. 17, 1929	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE yrs. mos. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work	Loaryn gest Diplhoria
b) General nature of industry business, or establishment in hich employed or (employer)	(Duration) yrs. mos. A. ds.
9 BIRTHPLACE (State or country)	Contributory A DIE (Duration) yrs mosds.
10 NAME OF FATHER OF ROMES	(Signed) away to artis, M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Jueld	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Log. Kareo	usual residence
(Address) Lodge Jarmo Rd.	ashylemy Ot 16, 19 50
15 Filed Od 1 to 1923 of Moling Registral	Mrs. R. G. Elle A. ashlandor

If more b.anks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Housemuid, etc. If the occupation has been changed etc., Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The inaterial (a) the kind of work and also (b) the Locomotive engineer, 9 Grocery; Day

Statement of Cause of Death—Name, first, the DISEARCE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) Idanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU., Y State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Ilaemorrhage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) Chronic valvular heart disease; affection etc. The contributory Nomenclature of the need not be etc., of

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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		and W/		Upril 22, 18/9
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	UNFADING INKTHIS IS A uld be carefully supplied. ACE F DEATH in plain terms so that ery important. See instruction		57 yrs. 7 mos. 19 ds. or min.?	
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MARGIN		should be car DE car is very		10 NAME OF Philip In Darsch
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	7,	400	PARE	OF MOTHER Francis Dolphin
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p-4		Every CIANS stater	1.65	10 10: 12 21 1 1

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) ... (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary *State the Distase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death ... Where was disease contracted, if not at place of dea.h? Former or usual residence DATE OF BURIAL OR REMOVAL

STATE OF MARYLAND

If more bianks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as rule laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocstate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). specifically the occupations of persons en-For persons Stationary fireman, etc. But in many who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and "ausation," using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal modingitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease approved by Committee on tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondar) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, " "Marasmus, " "Old Age, " "Shock," or intercurrent) affection need not be Chronic Carcinoma, Sorcoma, etc., of etc. The valvular heart disease; Nomenclature of the contributory

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Y. S. No. 1.

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2	CIANS should state CAUSE OF DEATH in plain terms so that it may be proper		

	PLACE	OF DEATH	1-1.M	CERTIFICATE	
C	ountyBal	ltimore	- INVIL		2 1
	1		101	Registration	Dist. No.
Villa		, Catonsville L NAME Thoma	(No. Rev.A.Opi	tz'Homefor Invalides Ward)	(If death occurred in a hospital or institu- ion, give its NAME in- tead of street and sumber.)
1	PERSOI	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 8		1 COLOR OR RACE		16 DATE OF DEATH	
	alo	White	MARRIED, WIGOWEG WIDOWED OR DIVORCED	September (Month)	(Day), 1920 (Year)
-			(Write the word)	17 I HEREBY CERTIFY, That I atte	
6 1)	ATE OF BI	RTH		July 17 19230, to Sep.	t. 16 ,192 30
		April	, ,	that I last saw h im alive on Sep	t. 15
7 AG	177	(Month)	1	and that death occurred on the date stated	above, at 9 p. m.
1 280			If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:	
		90 yrs. 5	mos4 ds. or min. ?	Myocardial Insufficie	ncy
(b)	o) General nusiness, or	d of work		Contributory Secondary	4
-	1 10 NAME	or Virgin	nia	0 4 20.1	h de.
	FATHE	unkno	3.448	(Light Colors of the Colors of	Recessor M.D.
RENTS	11 BIRTH OF FA'	PLACE		Sept. 17 192 30 Address 57.1.35 State the Disease Causing Death, Violent Causes, state (1) Means of Info	or in deaths from 16
PARE	12 MAIDE OF MO	N NAME THER		Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospi-	
	13 BIRTH OF MO (State	THER	nown		yrsmos da.
14 7	THE ABOVE	IS TRUE TO THE B	EST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant	Robert E.	Jordan	Former or usual residence 1700 Windersere Av	e. Ralt. Vd.
	(Addi	1700 Winder	mere Ave.	Chease II.	EST, 18, 19 3
15	Filed 9/	f more blanks are no	Registrar Reded address State Registrar		ADDRESS 401 Belair Rd.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (re or given up on account of the biser se causing beath, gaged in domestic service for wages, as Servent, Cook, to report specifically the occ pations ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en/at home, who are engaged in the duties of the labofer, Farm laborer, Laborer-Coal mine, etc. Never /teturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemeid, Thinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-(a) Forgman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc-6 yrs.). For many occupations a single word or term on olin. without more precise specification as Day etc. If the occupation has been changed Home, and children, not gainfully em-For persons who have no occupation As examples: (a) of persons en-Wom-

Electment of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid us. of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"):

head of "contributory." ture of the injury, as fracture of skull, and consediseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," "Anaemia" ment-of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL. SUICIDAL, OF HOMICIDAL, OF State cause "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collabse," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck as probably such, if impossible to determine definitely "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid mycs. peritonaeum, etc., Caroinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease The contributory "Coma," "Conby railway (second-(merely not be

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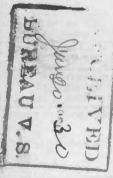
V. S. No. 1

1PLACE OF DEATH	06010 STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
and Pt. & Canton P. IR.	Registration Dist. No. 4
Village or City Vroods near north Pt. + Canton P. H. 2FULL NAME Fred. Josele	St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Znames WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Worth may 18 198 0 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ang. 10, 1882	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE 4 8 yrs. 9 mos. 8 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
d OCCUPATION (a) Trade, profession or Tailors particular kind of work	Jucide by Hanging
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) Chechs Hovakea	Contributory Secondary (Duration) yrs de
10 NAME OF Frank Joka	(Signed) Seo, M. Carson ames
OF FATHER (State or country) Chichs Planehia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Frances Backowsky	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Checho Slovakia	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Frances nebohy	Former or usual residence
(Address) 8012. Belowd En.	Jeyas md. June 9, 19 30
Filed Ma 9 1920 Jam & Connelly Registrary	Tolan G. Connelly Cesar
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer,

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carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The valvular heart disease; contributory

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"Ethaustion," "Hear "Marasmus," stited unless important. Example: Measles (disease approved accident; Revolver wound of head-homicide; Poisoned by State eause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic " " Old Age, etc. affection need not be valvular heart Nomenclature The eontributory " Shock," Measles ; disease; of the

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT REC BINDING 2 FOR WITH UNFADING INK-THIS RESERVED ARGIN PLAINLY,

V. S. No. 1.

NB

County	Boltimore	(8)	08974	STATE OF MA CERTIFICATE O	The state of the s
Village	or City Rossville (No.		Į.	Registration Di St.; Ward)	[It death occurred to a hospital or institution, give its HAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICUL	ARS	MEI	DICAL CERTIFICATE	OF DEATH
3 SEX	I CONOLE	ممر	18 DATE OF DEATH	(Month)	(Day) (Year)
6 DAT	E OF BIRTH (Month) (Day)	, 1930 (Year)		, 191, to	, 191,
(a)		If LESS than 1 day, hrs. OR min. ?		DEATH * was as followed by the second of the	ws:
Obus	General nature of industry ness, or establishment in the employed (or employer) RTHPLACE (State or country)		Contributory Secondary	(Buration)	<u> </u>
ARENTS	10 NAME OF FATHER WM W. Scahl 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WAS East Wie	ler	CAUSES, state (SUICIDAL OF HO	1830 (Address) 334 10 DISPAGE CAUSING DEATH, O 1) MEANS OF INJURY; and	r, in deaths from VIOLENT (2) whether ACCIDENTAL, INSTITUTIONS, TRANSIENTS.
14 TH	13 BIRTHPLACE OF MOTHER (State or country) IE ABOVE IS TRUE TO THE BEST OF MY KNOWLE (Informant) Morgaret Jah	DGE Lev	OR RECENT RESI	in the last	
	(Address) Rossville		19 PLACE OF BUE	RIAL OR REMOVAL	DATE OF BURIAL
15 FR		REGISTRAP	20 UNDERTAKER		ADDRESS
	If more blanks are needed, address	State Registrar,	16 W. Saratoga St., I	Balto., Requesting V. S. No.	1

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more pracise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worker on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the A especially in industrial employments, it is necessary to 9 cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many cases, tion is very important, so that the relative healthfulengaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business or industry, and therefore an additional line applies to each and every person, irrespective ness of various pursuits can be known. The question write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupatious a single word or term on the Housemaid, etc. Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second For persons who have no occupation whatever, statement. If the occupation has been changed Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercubosis of lungs, menin-

cough; Chronic valeular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of birth chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, telemus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Marasor miscurriage as "Puenperal septichaemia," etc. "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1	PHYSI- d. Exact
CORD	d EXACTLY, rely classified tificate.
WRITE Y, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions or back of certificate.
IIS IS A PE	led. ACE shars so that it structions or
IG INK-TH	efully supplied plant plain term tant. See in
H UNFADIN	CF DEATH s very impor
LY, WIT	nformation s state CAUSE
WRITE	NS should tement of OC
	N. BEve CIA sta

1PLACE OF DEATH	02105 STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
6 -	Registration Dist. No. 44
Village or City Cessey (No. Coase 2FULL NAME Baby Kal	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeroch 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 26. 7/ , 199 0
(Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 , to 192 , take I last saw h alive on 192 , 19
7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 3 alto les.	(Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Matthew Xalb 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME A	(Signed)
OF MOTHER Francis Tanstick 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs,mosds. Where was disease contracted,
(Informant) Matthew Xalb	Former or usual residence.
(Address) Ersex 221.	The Hopking Let. Date of Burial 2/23/1950
Filed 20. 23 1920 John & Connelly Registra	John & Connelly Com
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy, Company, "Senile," etc.), "Dropsy,"
> "Debility" ("Congenital," "Senile," "Haemorrhage,"
> "Exhaustion," "Heart failure," "Short "Exhaustion," "Heart manure, manufulate," "Shock," "Shock," "Old Age," "Shock, stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory affection Nomenclature of the need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

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V. S. No. 1

(X	1	, PHYSI- od. Exact
FOR BINDING	IS A PERMANENT ECORD	. ACE should be stated EXACTLY, PHYSI-so that it may be properly classified. Exact
FOR	IS A	ACE so that

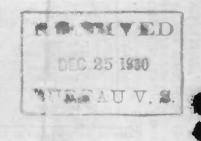
PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
	(129) Registration Dist. No. 44
Village or City Mutuluance	St.: Ward) St.: Ward) A hospital or institution, give its NAME is stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Modth) (Day) (Year)	that I last saw h Malive on Mec / 6 , 1923
7 AGE If LESS than I day hrs. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work Dailor	and that death occurred on the date stated above, at 10-30 Pm The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chrown Wyshers de Contributory Secondary
11 BIRTHPLACE OF FATHER Structures 1 Landlin 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER A PLEASE	(Signed)
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Available from the Country of	of death
Filed Dec. 17 1980 John & Connelly Registrary	Hauk Grack Son 1906 Colland a

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation 6) Automobile factory. The material (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Iranition," "Weakness," etc., when a definite disease "Exhaustion," "Heart "" Old Age," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" (name origin; "Cancer" is less definite; a void unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PL mation should call ully supplied. AGE should be stated EXACTLY. PHYSICIA should stat OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

-WRITE PL

N. B.

HEALTH DEPARTMENT—CITY OF BALTIMORE

	CERTIFICA	TE OF DEATH
	1—PLACE OF DEATH	REGISTERED NO.
4	2-FULL NAME Rudolph H	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
L	(a) RESIDENCE NO. See Cresh (Usual place of abode) ength of residence in city or town where death occurred byrs. m	WARD (If non-resident give city or town and State) tos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3:	Male While 5 Single, Married, Widowed, or Divoted, (write the word	17 0
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of Classific Rarom	HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH (month, day, and year) enk26 186	and that death occurred, on the doo stated above, at
7 .	AGE Years Months Days If LESS the 1 day,hr	in
8	(a) Trade, profession or Salvorer barticular kind of work	fulunony order
1	(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (duration)yrsmosds.
		(furition) yrsmosds.
9	(State or country)	18 Where was disease contracted if not at place of death?
	10 NAME OF FATHER Sont Leson	Did an operation precede death?
TLS	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
PARENTS	(State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Olan M. D.
	13 BIRTHPLACE OF MOTHER (city or town). (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
14	Informant Ms Elizabeth Karons (Address) 23 & E E & & & & & & & & & & & & & & & &	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL AND LEW JAM// 1930
15	Filed 1/10, 1930 G. M. Bacon Registrar	20 UNDERTAKER CELLENCE JADDRESS BRANCE

[Approved by U. S. Census and American Public Health Assn.]

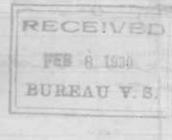
Day indicated thus: Farmer (retired, 6 yrs.). For persons EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be wife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who "Dealer," etc., without more precise specification, as only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of respective of age. For many occupations a single occupation is very important, so that the who have no occupation whatever, write None. receive a definite salary) may be entered as House-Never return vided for the latter statement; it should be used work and also (b) the nature of the business or in-Farmer or Planter, Physician, Compositor, Architect, word or term on the first line will be sufficient, e. g., The question applies to each and every person, irhealthfulness of various pursuits has been changed or given up on account of the DISbe taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation Locomotive Engineer, Civil Engineer, Stationary Fire-Statement of Occupation .- Precise statement of Laborer, Farm Laborer, Laborerand therefore an additional line Cook, Housemaid, etc. If the occupation "Laborer," "Foreman," "Manager," can be Coal Mine, S relative known. pro-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be as-"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, tion. sequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on amples: Accidental drowning; Struck by railway train fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Exsulting from child birth or miscarriage as "PUERPERAL septicemia," "PUERPERAL péritonitis," etc. State current) affection need not be stated unless important. nephritis, etc. The contributory (secondary or interon Nomenclature of the American Medical Associastatement of cause of death approved by Committee -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and con-For VIOLENT DEATHS state MEANS OF INJURY and qualicause for which surgical operation was undertaken certained as the cause. Always qualify all diseases re-Example: Measles (disease causing death), 29 ds.; Chronic valvular heart disease; Chronic interstitial

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN



m

County Sulf I	Lewill M		(18975) (129)	STATE OF M. CERTIFICATE Registration I	OF DEATH
² FULL NAME	Katheria o	n/1	Eanis	St; Ward)	a hospital or institution, give its NAME instead of street and number.]
	STATISTICAL PARTICU	LARS	ME	DICAL CERTIFICATE	OF DEATH
French Whit	R RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	Hamus	18 DATE OF DEAT	(Menth)	
7 AGE 28 9 OCCUPATION	Recommendation of the second s	(Year) If LESS than 1 day, hrs. OR min. ?	that I last saw h	alive on the date s	ws: 2-00's
(a) Itade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIPTHPLACE (State or country)	me Wy	<i>l</i> .	Contributory Secondary	Hamafung (Buration)	yre. 6 mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Jorland Barry	ut .	CAUSES, State (1) SUICIUAL OF HOMI		(3) Whether Accidental,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO T (Informant) 7 200	Maryland HE BEST OF EAVE	ode 0	OR RECENT RESIDENCE OF RECENT RESIDENCE OF SEATH OF THE RESIDENCE OF THE R	ENTS) In themoo,do, State oted,	INSTITUTIONS, TRANSIENTS,
(Address) J	BR Beach Bapay	Мир	SA JVS 20 UNDERTAKER	Shorts	DATE OF BURIAL AUG 12, 10,30 ADDRESS STOOMS MO

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more will; (a) Salesman, (b) Procery; (a) Foreman, (b) Automobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fareman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from term on the

Statement of Cause of Beath—Name, first, the DISEASH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or misearriage as "Pubapenal septichaemia," eause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraegenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convulsions," "Debility") cough; Chronic valvular heart disease; Chronic interstitid symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Wheeping by railway train-accident; Revolver The contributory (secondary or intercur-Poisoned by carbolic acid-probably State cause for which Never "Exhaustion," report mere pennon

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I-PLACE OF DEA

2-FULL NAME

3 SEX

7 AGE

RENTS

14

15

(a) RESIDENCE NO.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work...

(c) Name of employer

(State or country)

(State or country)

(Address) /

Filed

Informant MANA

9 BIRTHPLACE (city or (State or country) 10 NAME OF FAST

(b) General nature of industry, business, or estublishment in which employed (or employed)

11 BIRTHPLACE OF FATHER City of

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

26 19

6 DATE OF BIRTH (month, day, and year)

(Usuai piace ol shode) Length of residence in city or town where death occurred

CITY OF BALTIMORE NO 108 8 Bre

PERSONAL AND STATISTICAL PARTICULARS

Registrar

	ANS	ent of
	SICIE	staten
U	RECO.	Exact
NIOT	ENT	sified.
BIR	RMAN ed EX	ly class
FOR	A PE	proper
VED	CHIS IS	ack of
SER	C-XXI	at it m
RE	DING 1	s, so the
NIU	UNFAI	n term
MAR	TTH	in plai ant. S
MARGIN RESERVED FOR BINDING	15 8	EATH
	N. B.—WRITE PLACE THE UNFADING INK—THIS IS A PERMANENT RECONSERVED IN MARKED Should be stated EXACTLY. P. SICIANS SICIANS	CAUSE OF DEATH in plain terms, so that it may be properly clar TION is very important. See instructions on back of certificates.
	WRITE	AUSE
	1. B	T
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HEALTH	I DEPARTMENT-	OF	BALTIMORE	08
	CERTIFICATE	OF DEATH.	740	
ТН		1 +	- 'n REG	ISTERE

HEALTH DEPARTMENT	-CHE OF BALTIMORE
sville CERTIFICATI	E OF DEATH. 742
OF DEATH LTIMORE PROJOS SANFORDAS NAME OFFICE TO SEE	Catonsville (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ENCE No 108 Sanford ave Justi piace of shode) e in city or town where death occurred 5 byrs. 8 mos. 7	ST.,
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, sod year) $8-23-30$ 17 1 HEREBY CERTIFY, That I attended deceased from
dowed ordivorced	that I isst saw handlive on 8 - 2 3 - 19 30,
Years Months Days If LESS than 1 day,hrs. ormin.	and that death occurred, on the date stated above, at
N OF DECEASED TO TO THE TOTAL OF THE TOTAL O	(anterior Selvers) (duration) yrs. mos /2 ds.
establishment in Brush maker	CONTRIBUTORY arterio Selevoris
employer	(duration) 5±yrs
E (city or Ph) alternore	Did an operation precede death?
Framuel M. Keen	Was there an autopsy? Mo Man officeral
ACE OF FATHER city of own)	(Signed)
NAME OF MOTHERY Knight	9/23 1936 (Address) Calmondal My
ACE OF MOTHER (city of 10wn)	*State the Disease Causing Death, or in deaths from Violent Causes, state (i) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
albert & Keen	19 PLACE OF BURIAL CREMATION OR RE- DATE OF BURIAL 8/2/6 19 30
0 -11 01 0	M INDEPTAKED

Brooks & Sa

[Approved by U. S. Census and American Public Health Asso.]

receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. ice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on Women at home, who are engaged in the duties of the household only (not paid Housekeepers who without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. account of the disease causing death, state occuoccupations of persons engaged in domestic servmobile factory. The material worked on may form an additional line is provided for the latter state respective of age. For many occupations a single The question applies to each and every person, iroccupation is very important, so that the relative pation at beginning of illness. If retired from Care should be taken to report specifically the word or term on the first line will be sufficient, healthfulness of various pursuits can be known. Statement of Occupation.—Precise statement of as Day

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meminges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommendental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poi cidal homicidal, or as probably such, if impossible to determine definitely. Examples: Acci-"Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Moreownes" "Old Age" "Shock" "Treenig" mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Condations on statement of cause of death approved nature of the injury, as fracture of skull, and soned by carbolic acid-probably suicide. MEANS OF INJURY and qualify as ACCIDENTAL, SUItis," etc. State cause for which surgical operation was undertaken. For violent deaths state tis," etc. as "Puerperal schticemia," "Puerperal peritonior terminal conditions, such as "Asthenia," "Anæease causing death), 29 ds.; Broncho-pncumonia stated unless important. ondary or intercurrent) interstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic mor" for malignant neoplasias); Measles; Whoop gin "Cancer" is less defit Medical Association. by Committee on Nomenclature of the American (secondary), 10 ds. Never report mere symptoms Example: Measles (disaffection need not be The contributory (secoid use of "Tu-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ECORD LY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

WRITE

Exact		PLACE OF DEATH County Butto Co.
classified.	Vil	llage or City Expert (No
properly clar		2 FULL NAME Rose A. Kel
cer	_/	PERSONAL AND STATISTICAL PARTICULARS
o x	370	MARRIED, WILDOW OR DIVORCED (Write the word)
s on ba	6 1	march 12, 1
that		(Month) (Day) (Year
ms so nstruc	7 /	or min
ATH in plain terms so that i Important. See instructions	P (I	a) Trade, profession or sarticular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
EATH	9 6	(State or country) Buttimie
OF DEAT s very lmp		10 NAME OF Charles Reynolds
CAUSE O	ENTS	OF FATHER (State or country)
	PARE	OF MOTHER Margaret Comply.
occuz/		13 BIRTHPLACE OF MOTHER (State or Country)
sho ent c	14	(Informant) William Kelly
Glans		(Address) 2464 Orleans
0 g	15	Filed Dec 13 5 192 5 John D. Connelly

1		CERTIFI	CATE	OF DEATH
	4		tration D	
el	e	St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDIC	AL CERTIFI	CATE O	F DEATH
-	16 DATE OF DEATH	Decer	nber	26 19303
	17 I HEREBY	CERTIFY, Th	ot I atte	nded the deceased from
ar)	that Plast sow h_01	alive on T	- /:	0, 1920.
han hrs.	and thet death occur. The CAUSE OF DEAT			V Ou
nin.?	Cone	u -6f	Mon	ruche 3
	Jsc	itis		
	Contributory Secondary	Cute M	y sio	eutis de.
-	(Signed) Seo.	W C	ars	on Convieto
-	Lec 29 1923	(Address)	olso	To Media
	*State the I i Violent Causes, sta Accidental, Suicidal of	scase Causing ate (1) Means or Homicidal.	Death, of Inju	or, in deaths from ary and (2) Whether
	1B LENGTH OF RES		Hospita	ls, Institutions, Trans-
	At place of death	osds.	In the State.	yrsde.
	Where was disease contr if not at place of dead	acted, h?	*****************	
	Former or usual residence			
	Tew Cat	he dial		12/30/30 ₁₉
	20 UNDERTAKER	man	7	ADDRESS Belto &

268

If more bianks are needed, address ttate Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous control wine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PRICIANS should state CAUSE OF DEATH in plain terms so that it may be properly blassified. Statement of OCCUPATION is very important. See instructions on back of certificate. CORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

PLACE OF DEATH County Daclimne Village or City Cvekysinola 2FULL NAME Franklin Jeslie	St.: Ward) St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mack De , 1930 (Year)
6 DATE OF BIRTH May (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 12, 1930 to March 20, 130 that I last saw have alive on March 19, 1920
7 AGE If LESS than 1 day hrs. hrs. or min.	
(a) Trade, profession or particular kind of work	Chimeline OSult
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,tnosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)
10 NAME OF FATHER Milliam Kelling	(Signed) M. D. May 21 1920 (Address) Celler Sull May
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Climb Livele Semmel	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or Country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) (MA) Cukeyul Mp	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Office 19 19 20
15 Filed Man St. 1980 3 Beau Ma	John Brum + Sus Form
If more blanks are needed, address State Registrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from er," etc., Without more process. Taborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househaborer, Farm laborer, Laborer—cont mine, etc. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, to report Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman. (b) specifically the occupations of persons en-Compositor, Architect, Locomolive engineer, For persons who have no occupation As examples: (a) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart Immure, "Old Age," "Shock," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (discase telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The niture of the injury, "PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, uecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: A ceidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	Spec.—2-25-26—12, F. S.—500 BKs.	
Teles E	HEALTH DEPARTMENT	T—CITY OF BALTIMORE
te C	CERTIFICAT	TE OF DEATH (43)
iten stal	1—PLACE OF DEATH	REGISTERED NO. 43
very hould CUPA		(If death occurred in a hospital or institution, give its NAME
H COS	2-FULL NAME Michael ? 1Cc	ninger.
SICI ment o	(a) RESIDENCE NO. 718 Ecunion (Usual place of abode)	WARD (If non-resident give city or town and State)
e K	Length of residence in city or town where death occurred 5 3 rs. most	A TOW YORK IN C. D., IT LOCASE DATE: 7.55 MICH.
PH Stat	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed.	MEDICAL CERTIFICATE OF DEATH
ANEN FLY. Exact	or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) Cuy 27-19
ALL	male. Whati widnesd	I HEREBY CERTIFY, That I attended deceased from
PERM SXAC ied.]	ta II married, widowed, or divorced HUSBAND (a)	Jan 27, 1930, to any 27, 19 3,
A PE		that I last saw he coulive on any 27 19 3
IS tates	6 DATE OF BIRTH (month, day, and year) ug >6 1853 7 AGE Years Months Days II LESS than	and that death occurred, on the date stated above, at
his be stoperly berly ss.	77 4) I dayhrs. ormin.	The CAUSE OF DEATH* was as follows:
NK—THI should be be proper tificates.	8 OCCUPATION OF DECEASED	Carcenoun Mouth
Total Berlin	(a) Trade, profession or Attres	tougue + quines:
AGE t may of ce	(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (duration) yrs. 7 mos. ds.
AD ed.	(c) Name of employer	(Secondary) (duration) yrs, mos. ds.
UNF uppli so th	9 BIRTHPLACE (city or town)	I8 Where was disease contracted if not at place of death?
VITH sully serms, ctions	10 NAME OF FATHER William ! Celly	Did an operation precede death? W Date of
Carellain t	II BIRTHPLACE OF FATHER (city or town). Crucian (State or country)	Was there an autopsy?
PL oull TH in p	11 BIRTHPLACE OF FATHER (city or town)	(Signed) Mus the Steries, M. D. 8/28, 19 34(Address) 28787 tarford
CE SA	13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
.—WRIT mation OF DI	(Address) 718 Eleurord Not	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
N. B	Filed S/St, 1930 S. a. Fut M.D.	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Assn.]

persons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occupat Never return Lanuici, "Dealer," etc., without more precise specification, as who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons of illness. If retired from business, that fact may be EASE CAUSING DEATH, has been changed or given up on account of the bisreceive a definite salary) may be entered as Houseetc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," dustry, and therefore an additional line is vided for the latter statement; it should be man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of be taken to report specifically the occupations of fully employed, as At school or At home. Care should wife, Housework or At home, and children, not gainwork and also (b) the nature of the business or inword or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, respective of age. For many occupations a single Locomotive Engineer, Civil Engineer, Stationary Fire-The question applies to each and every person, irhealthfulness of various pursuits can be occupation is very important, so that the Statement of Occupation .- Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) Cook, Housemaid, etc. If the occupation state occupation at beginning is prorelative known. used

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

f Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be as-"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Associastatement of cause of death approved by Committee nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on certained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "PUERPERAL Poisoned amples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probcause for which surgical operation was undertaken. septicemia," "PUERPERAL peritonitis," nephritis, etc. The contributory (secondary or inter-For violent deaths state means of injury and qualicurrent) affection need not be stated unless important -accident; Revolver wound of head-homicide; by carbolic acid-probably suicide. etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS



	Exact	(PLACE OF DEATH	OF CEF
CORD	ACTLY, P		heppard & Enoch Pratt Hospital age or City Towson (No	St.
RE	peri		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE
PERMANENT	be sta	3 5	LP CINC. E	16 DATE OF DEATH July 25,
ING INKTHIS IS A sarefully supplied ACE of in plain terms so that cortant. See instructions			August 9, 1868, 1	that I last saw her alive and that death occured on The CAUSE OF DEATH * w
) (i) (i) (i) (i) (ii) (ii) (ii) (ii) (61 yrs. 11 mos, 16 ds or min.? OCCUPATION a) Trade, profession or articular kind of work nurse b) General nature of industry usiness, or establishment in which employed or (employer)	unknown Contributory bronche
K. WITH	f information should be destate CAUSE OF DEATH		reland Roscommon County 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Ireland 12 MAIDEN NAME OF MOTHER Jane McGuire 13 BIRTHPLACE OF MOTHER (State or country) Ireland	(Signed) 2020 (Ad July 25, 1930 (Ad *State the Discase Violent Caus s, state (Accidental, Suicidal or Hor 18 LENGTH OF RESIDEN ients or Recent. Resident At place 3 yrs. 1 mos. 2 Where was disesse contracted;
WRITE PL	Every item of CIANS should statement of C	14	(Informant) Hospital Records (Address)	Where was disease contracted, if not at place of death?

ATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

ERTIFICATE OF DEATH

6 DATE OF DEATH July 25, 1930 (Month) (Day)	., 192
17 I HEREBY CERTIFY, That I attended the	
Aug. 3 1926 . to July 25,	193092
Aug. 5 1926 to July 25,	, 1950.
and that death occured on the date stated above, at	1:56a.
The CAUSE OF DEATH * was as follows: cardiorenal disease — involutional	<u>L</u>

pneumonia

dress) ___owson, Md.___

Causing Death, or, in deaths from

ICE (For Hospitals, Institutions, Trans-

State......yis.....mos.....ds.

st North Ave. Baltimore

REMOVAL

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registras

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as vay taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Civil engineer. Stationary framan, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Howemuid, etc. If the occupation has been changed gard in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (re-Never return 'Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomotive engineer The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"; pacumonia. Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature tetunus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Cona," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. us fracture of skull, and consequences (a. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite direase " Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as " "Marasmus," "Old Age, cough; for malignant neoplasms); Measles; Chronic valvulor heart Example: Measles (disease etc. The contributory disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spin er, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from work d on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or Al Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Salcsman, 6

leve. spin al meningitis"); Diphtheria (avoid use of "Croup"); Ty; wid fever (never report "Typhoid Pneumonia"); EAST TOUSING DEATH (the primary affection with respect ne and causation), using always the same acceptment of Cause of Death-Name, first, the DISm for the same disease. Examples: Cerebrospinul the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not considered unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association. Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; on etc. The contributory Nomenclature of the Always qualify all " etc.

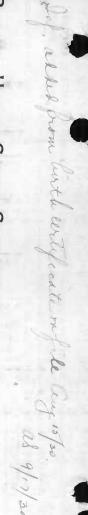
rhly and a l qu stions the certificate is All the

answered in detail, it will a went further correspondata is essential an pulse be abtained for the permanently filed.

PERMANEN	should be stated it it may be proposed in the state of th
IS A	ACE tha
WRITE I IN , WITH UNFADING INK THIS IS A PERMANEN	N. BEvery Item of information should be carefully supplied ACE should be sta CIANS should state CAUSE OF DEATH in plain terms so that it may be pre statement of OCCUPATION is very important. See instructions on back of
T.	of i
WRITE	N. BEvery Item CIANS show

PLACE OF DEATH	08978 STATE OF MARYLAND
County & dal tue on	CERTIFICATE OF DEATH
Village or City Cockeysoulle RANS 2FULL NAME Not Mane	St.: Ward) St.: Ward) (If death occurred is a hospitul er institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH	18 DATE OF DEATH (Youth) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the decensed from
(Month) (Day) (Year)	that I last saw h alive on Sill Born, 192
BOCCUPATION	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs moe de
9 BIRTHPLACE (State or country) Parts Co mil	Contributory Secondary (Duration) yrs mos di
10 NAME OF FATHER Somuel & Kelley 11 BIRTHPLACE OF FATHER	(Signed) Thu & Trach Ang other the Disease Causing Death or in deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER C. J. Smarthson	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Larford Co. MA.	At place of death yrs mos, ds. State yrs de de Where was disease of death de
(Informant) Samuel & Golly (Address) Cockeyands of L. S. Mes.	if not at place of death? Former or usual residence
Filed ang /5 th 190 Aff Drach Un D. Registras	Sand & Volley (Lather Cockyrulle Out

V. S. No. 1



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Statement of Oceupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and ehildren, yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, For persons who have no occupation Stationory fireman, etc. But in many If the occupation has been changed Locomotive not gainfully emengineer, Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); prophoid fever (never report "Typhoid Pneumonia"); ashar pneumonia. Branchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shoek,"
"Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomeausing stated unless important. Example: Measles (disease inges, peritonaeum, etc., "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by or intercurrent) Committee on Nomenclature Chronic Carcinoma, affection need not be etc. valvulor heart disease; The contributory Sarcomu,, etc., of of the

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13565 233	STATE	OF	MARY	YLAND
(la)	CERTIFIC			

Registration Dist. No.

NAME Barbara Kellner	tion, give its NAME in -
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Widow OR DIVORCED (Write the word)	16 DATE OF DEATH (100) /4 7 , 1936
Oct. 20 th 1836 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Nov. 12 1930, to Nov. 14 1920, that I iast saw h alive on Nov. 14 1926,
yrs. mos. 25 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3 Pr. m. The CAUSE OF DEATH * was as follows:
ssion or Retered of work Retered	- Y2
Voetjer E	(Signed)
TRUE TO THE BEST OF MY KNOWLEDGE	*State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, institutions, Transients r Recent Residents) At place of dear' yrs
Mairieur & Castern ave	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 2 Socred Heart Cemelary Wov. 17, 19.30. 20 UN JERTAKER, JORESS Zilly Jeller Jue. 403 S. Wolf St., 16 W. Fratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The inaterial should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts of term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

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V. S. No. 1

N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County Baltmose	90 CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Malk (No. 259 C	Ward) (If death occurred a hospital or institution, give its NAME is stead of street an
2FULL NAME Edward France	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Day) (Year)
B DATE OF BIRTH Supt. 14, 1887 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 4 1929. to 2 27 1936 that I last saw h malive on 2 0 1936
7 AGE 42 yrs. 4 mos. 13 ds. or min.?	and that death occurred on the date stated above, at 0-30 A, n The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work Muchant	Chronic Myocarditio
(b) General nature of industry business, or establishment in Muchandus which employed or (employer)	(Duration) 6 yrs. mos d
9 BIRTHPLACE (State or country) Baltmore G. M.	Contributory Secondary (Duration) yrs mos d
10 NAME OF Edward Francis Kelly	(Signed) ANTim M. 1 SM 27 1930 (Address) Smilalk. In
State or country) Paltmore Co. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth mingston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Preliand.	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
and I state the	Formar or usual residence
(Address) Aprilally Mit,	19 PHACE OF BURIAL OR REMOVAL GATE OF BURIAL So 1934
15 Filed 1/27/302 MMaurement	20 UM DERTAKER / JAMES / (UIA) Brown
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menifigitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

mas fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of approved by Committee on stated unless important. Example: Mcasles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Tyhanstion." "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease, etc. The Nomenclature Always qualify all contributory

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N. B.

PLACE OF DEATH	12203 STATE OF MARYLAND
County MULCO	CERTIFICATE OF DEATH Registration Dist. No.
Village or City glysseless (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wildows Divorced (Write the word)	16 DATE OF DEATH Oct /3 , 19230 (Month) /3 (Day) (Year)
6 DATE OF BIRTH Ally (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923c. to
7 AGE (1) LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work Sufasule Mulus	Huanty
(b) General nature of industry business, or establishment in which employed or (employer) (Muthed Reuf arguy 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	(Signed) (Dúrstion) (Dúrstion) (Dúrstion) (Signed) (Signed) (Signed) (Signed) (Address) (Dúrstion) (Dúrstion) (Signed) (Signed) (Signed) (Address) (Dúrstion) (Signed) (Address)
OF FATHER Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted, if not at place of death?
(Informant) My H & Kelley	Former or usual residence
(Address) Hyudas Md Filed 31 15 1923 / Full Registrar	Usbury M & Cemely Oct 15. 1930 20 UNDERTAKER Rushing ADDRESS A F Eline Rushing
If more bianks are needed, address State Registrat	7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

43.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Capproved by Committee on American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury (secondary or intercurrent) affection need not be Chronic interstitial nephritis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.-

PLACE OF DEATH	01393 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist, No. 94
Village or City EUDOWOOD SANATORIUM, TOWSON, 2FULL NAME JRoman Reely	MD. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930
6 DATE OF BIRTH (Month) (Day) (Year)	that I last aw h alive on Jebruary 17, 1923.Q
7 AGE	and that death occurred on the date stated above at 8.70.A.m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Pulminary Lubereulous
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Durstion)yrsds.
10 NAME OF Thomas Relly	(Signed) A Brilger M. D. 1930 (Address) Towson, Maryland.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Alice Jonnelly 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Ostate or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HOSpital Records Personal History	if not at place of dea.h? Unknown Former or usual residence Batture
(Informant) Eudowood Sanatorium, Towson, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL HOOF RESSERVE SELVE TELL 24 4, 19.
Filed Tel 18 1920 At 1 Digelle Registras	20 UNDERTAKER LIEL JESSE DUE 4030. WOUND
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Furm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Stationary fireman, etc. Automobile factory. The material Locomotive But in many 6 engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, approved by telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERFERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJULY Chronic interstitial nephritis, "Atrophy," "Collapse," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Committee on Chronic " "Coma," "Convulsions, valvular heart etc. The contributory affection need Nomenclature disease; not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained upon the certificate is permanently filed.



B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PRYSI-CIANS should state CAUSE OF DEAT; In piain torins so that it may be properly classified. Exact CORD I, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE I V. S. No. 2

	PLACE OF DEATH	13566 STATE OF MARYLAND
	County Columnore	© CERTIFICATE OF DEATH
псате.	Village or City Towson, (No. 11 6. for 2FULL NAME Sarah F. Kels	Registration Dist. No. Ward) (If death occurred in a hospital or Institution, give its NAME instend of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWEDA TOO OR DIVORCED (Write the word)	16 DATE OF DEATH 707 / 1330 (Month) (Day) (Year)
g uo s	6 DATE OF BIRTH lan. 26, 1851	I HEREBY CERTIFY, That I mended the deceased from 1920. to 1920.
tion	(Month) (Day) (Year)	and that death occured on the date stated above, at 9 NP. m.
nstruc	7 AGE	The CAUSE OF DEATH * was as follows:
See	(a) Trade, profession or particular kind of work	Ellipeardia Recarifeusatian
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 6 m/s. ds.
impo	9 DIRTHPLACE (State or country) Baltymore Ceo. Mol.	Contributory Secondary (Duration) Challe pulling
s very	10 NAME OF FATHER Q. Stuner	(Signed) M. D. W. D. W. D. (Address) Lursay life.
NO	OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Susanna Turnbull	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCUP	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the of death
ment of C	(Informant) Miss Hellow Kelso	if not at place of death? Former or usual residence
statem	(Address) 13 6. Jospa Road	Prospect fell Jowson Nov. 4, 1930.
(I)	15 Filed Nor 3 1930 Thuf Gutter Registran	Horace F. Burgee 3631 Falls Road
	If more banks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

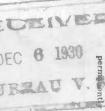
(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: a additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know cases, especially in inclustrial employments, it is neces-Civil engineer, Stationary forman, et. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Fermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write None. report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on Or Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. (4) (irocery; Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menia itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar oneumonia Bronchopneumonia ("Pneumonia");

"('Inanition,'" "Marasmus,'" "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telunus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all quadions answered in detail, it will prevent further correspondence. The data is expential and must be obtained before the cartificate is permanent, filed.



PLACE OF DEATH	()5282 STATE OF MARYLAND
County Balt male.	CERTIFICATE OF DEATH
/ * /	Registration Dist, No.
Village or City Catans will (No. 17 tus	Mard) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate Single, MARRIED, WIDOWED. OR DIVORCED Charge. (Write the word)	16 DATE OF DEATH May 18. 1920 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 10. 130. to May 18., 130, that I last saw he alive on may 18-, 1324,
7 AGE 8 3 yrs. 3 mos. 7 ds. ormin.?	and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work refined Salesman.	Carolia Dilaton
(b) General nature of industry business, or establishment in	1 - 1
which employed or (employer)	(Duration) yre mos to de.
9 BIRTHPLACE (State or country) In a thur a Md.	Contributory Secondary (Duration) 2 yrs mos ds.
10 NAME OF Jenry /demb.	(Signed) James - S. aschuret M. D.
() 11 BIRTHPLACE	2 -119 19D0 (Address) +01V 1004 1911 10
OF FATHER (State or country) 12 MOIDEN NAME 12 MOIDEN NAME	*State the Liscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Amanda. Trail	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Tredrich Md.	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) MN. J. Bom Kemp.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 3806 Glengyle Que.	Cathedral Cem. May 21, 1930
15 Filed May 19 1920 C Maufeld Registras	L'Vernon Lemmon. 461 Takkeight an
If more banks are needed, addre, a Ltate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

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REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specimental and all laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g. Farmer or Planter, tion applies to c:ch and every person, irrespective cf Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer,

s, inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise_se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJU.: Y Chronic valvular heart disease; etc. The contributory affection need



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St.:	 w	ard

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Dec 18 , 1930
(Month)(Day)(Year)
17 I HEREBY CERTIFY, That ! attended the deceased from
See 1/ 1930. to See 18 , 1920.
that I last saw h exalive on Dec 1200,
and that death occurred on the date stated above, atm.
The CAUSE OF DEATH * was as follows:
Cerebral Hemorley
7 .
(Duration)yrsmosds.
Contributory
(Duration) yrsds,
(Signed) M. D. M. D. (Address) M. A. Seeles Add.
*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Torradon lark Dec 20, 1936
20 UNDERTAKER ADDRESS
Wil Tickney Hono Motty. 12

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs. should be used only when necded. As examples: (a) whatever, write None. business, that fact may be indicated thus; Furner (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed as Al school, or Al home. Care should be taken work, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salcsman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material single word or term on 6) Grocery;

Statement of Cause of Death—Name, first, the DISEA : CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Dobility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Weakness," etc., when a definite disease or intercurrent) affection need Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature not be

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V. S. No. 1

	05283			
PLACE OF DEATH /	STATE OF MARYLAND			
County Sattement	GERTIFICATE OF DEATH			
	2 A Registration Dist. No.			
(P m x-	2 Cheuch Mard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and			
2FULL NAME SESSEE 111 DE	number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Married Mulu String Con Divorce (Write the word)	16 DATE OF DEATH May 16, 1928 0 (Month) (Day) (Year)			
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from			
July 12 1877	May 10 19230 to Key 16 , 19230			
(Mosth) (Day) (Year)	that I last saw her alive on May 16 , 1923,0			
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at 250 Am. The CAUSE OF DEATH * was as follows:			
yrs. / ds. or min.?				
(a) Trade, profession or particular kind of work	Quibolism Coronary artery			
(b) General nature of industry	4 2			
business, or establishment in which employed or (employer)	(Duration) Lew Mussles ds.			
9 BIRTHPLACE (State or country sects Cs Mu	Contributory Secondary A. C. (Duration) yrs			
10 NAME OF James Newely	(Signed) & 6, Michaels M. D. Way 16, 1930 (Address) Pressulle wes			
OF FACHER C (State or country) Mulaud	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of Mother Oliva Cauracy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds.			
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or			
(Informant) live & smith Land	19 PLACE OF BURIAL OR PENOVAL PATE OF BURIAL 3			
15 Filed May 16 1920 NE E Tuchols Registrar	29 VADERTAGER Saw Adam 118 AM Care			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tired 6 yrs). business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken laborer, whatever, write None. borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: A ccidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJU.Y Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; or intercurrent) affection necd not be etc. The contributory

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEAST (1USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL: OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always quality all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valendar heart disease; nephritis, etc. The contributory

PLACE OF DEATH	STATE OF MARYLAND
County Blenow	0264 CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Ausdurine (No.	St: Ward) (If death occurred in
2 FULL NAME LOCA 6. 6.	a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Viual Wille (Write the word)	16 DATE OF DEATH // 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
(Month) (DAy), 1880	that I last saw h to a glive on h to 1930.
7 AGE / If LESS than	and that death occurred on the date stated above, at
H9 yrs. 3 mos. 15 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Manie Conkilers
particular kind of work All Willest (b) General nature of industry	Chronic nephritis: duration in northe
pusiness, or establishment in	(Duration) yes mos ds.
which employed or (employer)	Contributory
(State or country)	Condary At (Durstion) - vis 6 most and de.
10 NAME OF STATHER	(Signed) Wheelf mullow, D.
11 BIRTHPLACE	3/3/-1930 (Address) 13+10 Just
OF FATHER (State or country) 12 MAIDEN MANY 12 MAIDEN MANY 13 MAIDEN MANY 14 MAIDEN MANY 15 MAIDEN MANY 16 MAIDEN MANY 17 MAIDEN MANY 18 MAIDEN MANY 18 MAIDEN MANY 18 MAIDEN MANY 19 MAIDEN MANY 10 MAIDEN MANY 10 MAIDEN MANY 11 MAIDEN MANY 12 MAIDEN MANY 12 MAIDEN MANY 13 MAIDEN MANY 14 MAIDEN MANY 15 MAIDEN MANY 16 MAIDEN MANY 17 MAIDEN MANY 18 MAIDEN MANY	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Prestina planus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Mullium	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) SCOUN Regular	19 PACE OF BURIAL OR BRINGVAL V DATE OF AURIAL
(Address) Lausdownl	Harrielen april 1, 30
15 Filed Mc/3/193 Je Mikiefs	ADDRESS ADDRESS ADDRESS ADDRESS
If more hanks are needed address that	r, 16 W. Sayatoga St., Bulton, Regulating V. S. No. 1.
it tilore blanks are needed, address State Registra	1, 10 11. Galatoga St., Daito, Kennesting 1. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a Foreman, I'or many occupations a single word or term on For persons who have no occupation

Strtement of Cause of Death—Name, first, the DIS-EAST-CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosynnal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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diseases resulting from childbirth or miscarriage as "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. "Uracmia," "Weakness," etc., when a definite disease "E:haustion," "Heart warmer," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi cough; or intercurrent) Chronic Example: Measles (disease valvular heart disease; affection etc. The contributory " "Convulsions, need not be

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PLACE OF DEATH.	01394 STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
	Registration Dist. No. 23
Village or City Ownghulls (No.	St.: Ward) (If death occurred is a hospital or Institution, give Its NAME Is
2FULL NAME John Henry	Resoler stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Single Widowed. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 16 DATE OF DEATH 7 1930 (Month) (Day) (Year)
6 DATE OF BIRTH May 19 . 1918	17 HEREBY CERTIFY, That I attended the deceased from
(Monyh) (Day) (Year)	that I last saw hamalive on Set 8 , 1926
7 AGE If LESS than	
11 yrs. 8 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION or min.)	SYT SILIT
(a) Trade, profession or Sumule	Status Epileplicus
(b) General nature of industry Rosewood State	
business, or establishment in I raining Selver	(Duration)yrsmos3da
9 BIRTHPLACE (State or country)	Contributory Secondary
Marifand	(Duration)
10 NAME OF John Kessler	(Signed) George (Wedairy M. I
II DIDTHPLACE	Vet 9 100 (Address) Owing Smills, me
OF FATHER Z (State or country) Pennsylvania	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER myrtle Sprinkle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs 2 mos 17 ds. In the 11 yrs 8 mos 20 d
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Congenital
Institutional Records	Former or Battanine , and
(Informant) Rosewood State Iraning	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) School journey mills, that	St. Mary Hampden Feb 11, 1936
Filed Feb 9 19230 H. M. Slade - Registrai	Chinouth Lon 3615 Chestrut
If more banks are needed, address Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH

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HYSI-Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County / Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME ir-stead of street and certificate number.) stated Jodo. PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5 SINGLE 0 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. 0 0 WIDOWED. back 0 OR DIVORGES (Write the word) hould ay 6 DATE OF BIRTH that Instruction (Day) IIf LESS than 7 AGE and that death docurred on the date stated above, at I day hrs. supplied 00min.? terr 8 OCCUPATION See (a) Trade, profession or _ particular kind of work plai refully (b) General nature of industry Important. ausiness, or establishment in 2 which employed or (employer) Contributor 9 BIRTHPLACE Secondar (State or country V Q W Should E OF DI 10 NAME OF FATHER 0 11 BIRTHPLACE PARENTS the Piscase Causing Death, or, in CAUSI deaths On Violent Causes, atate (1) Means of Injury and (2) Whether (State or count Accidental, Suicidal or Homicidal. 12 MAIDEN NAM informati 18 LENGTH F RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER should state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death. (State or country Where was disease contracted, 40 if not at place of dea.h?. Every item CIANS sho Former or usual residence 30 193 If more beanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH COLOR OR PACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Day attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *Sate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER of death O yrs. O mos. (State or country) Where was disease contracted usual residence. OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDBESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers it should be used only when needed. who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healtbfnl-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



PLACE OF DEATH .	100280 STATE OF MARYLAND
County Daltemon	CERTIFICATE OF DEATH
County	90 = Dia No 040
0 10 .0.	Registration Dist. No.
Village or City Catonserle (No Grung To	tion, give its NAME II -
2FULL NAME Of apple Joseph	Mildelf street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH 27, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he alive on May 26, 1920
7 AGE If LESS than	and that death occurred on the date stated above, at
69 yrs. / mos. /5 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or Livoly to Operator	Mitral Grant Crancy
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yre mos de
9 BIRTHPLACE	Contributory Ustata - J Clar Des
(State or country)	(Duration) yrsmosds.
10 NAME OF FATHER OF THE ALL OF ALL OF	(Signed) 1864 & Garrett M. D.
11 BIRTHPLACE	May 1 (192) (Address) Catoronelle
OF FATHER (State or country) Itsland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Carrell	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted that a place of deah?
60 110.01	Former or usual residence Dallo . M.A.
(Informant) Iward Kelduff	19 PLAGE DT BURIAL OR REMOVAL DATE OF PURIAL
(Address) 1332 augusth St	Robert Capudes Jam 30, 1030
15 Filed 5/29 BU Stalue	20 UNDERTAKEN I POLOBESS
, and the state of	VIII STRUMENT OF STREET
If more blanks are needed, address tate negistra	r, 18 W. Saratoga St., Batto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as $\nu \cdot \iota_{ij}$ laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Forenan, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to knew (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of age. For many occupations a single word or term on cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocbusiness, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealulness of various pursuits can be known. The quesfirst line will be sufficient, e. g., Farmer or Planter, Foraman, eccupations a single word or term on

Statement of Cause of Death—Name, first the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebro-feser (the only definite synonym is "Epidemiz cerebros inal meningitis", Eightheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid Pneumonia," Lobar pneumonia, Pronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Scnile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection valvular heart need

(Approved by U. S. Census and American Public Health Association.)

er," etc., warner, laborer, laborer, risho are Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from g: ged in domestic service for wages, as Scrvont, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Doy Loborer-Coal minc, etc. Womsingle word or term on

Statement of Cause of Death—Name, first, the DISEASE (*108:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,"

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"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary Chronic interstitiol nephritis, use of "Tumor" for inalignant neoplasms); Mcasles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) Chronic Example: Meosles (disease affection need not be etc. The contributory valvular heort disease;

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N. B.

PLACE OF DEATH	06482 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Village or City Amanduel & (No. 20	Regionation Dist. No. 22
2 FULL NAME tracis Valente	a hospital or institu- tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Color OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED Hamel (Write the word)	16 DATE OF DEATH JULE 9 , 1920. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Dsy) (Year)	192 to
7 AGE [If LESS than	and that death occurred on the date stated above, at
alt 35 yrs. mos. ds. or min.?	
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	special fiff jugula, vin and right profula landinglet carote
which employed or (employer)	Contributored by a blant instrument, in the Rands of
9 BIRTHPLACE (State or country)	Secondary an unknown person or persons. Cived
10 NAME OF FATHER	(Signed) Christian Vol Carpus M.D.
OF FATHER (State or country) 12 MOIGEN NAME	*State the lisesse Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Sukum	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant Charles Coals)	Former or usual residence
(Address) Humshell Traf	New Calherda Date of Burial
Filed June // 1930 & 66 Mehol Registras	Full H. newell Pikewelle
If more blanks are needed, address tate Registrar	, 18 W. Saratoga St., Balto., Requesting W.S. he. 1.

Same 1

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise speciments. Wom-loborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory firemon, etc. But in many tion applies to eich and every person, irrespective cf state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart diseose; etc. The contributory

PLACE OF DEATH	02643 CERTIFICATE OF DEATH
County Balliman	Registration Dist. No. 4/2
Village or City Valallorfe (No. ,	St: Ward) (If death occurred in a hospital ar institution, give its NAME instead of atreet and humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famole White Single, Wildows Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	mch 5 30 wch 9 170
(Month) (Day), 1846.	that I last saw hav alive on woh 9 , 190
7 AGE 16 LESS than I dayhrs. 1 dayhrs. 2 ormin.?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work.	Myscorded charff.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration) yrs
State or country) Lermany.	Secondary Seculity Seculos Secondary Seculos S
19 NAME OF Jacob Scharl.	(Signed) 1930 (Address) Elprogs
11 BIRTHPLACE OF FAVMER (Staff or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) leans of Injury: and (2) whether Accidental, Suicidal or Homicidal.
a OF MOTHER Elizabeth - +?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Jerusany.	At place of death yrs. mos. da. State, yrs. mos da. Where was disease contracted,
Information of the Best of My Knowlenge	if not at place of death? Former or a usual residence.
(Address) Holetto pe ho	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL 1930
Filed Mch 9 1930 Tersmile Register	20 INDERTAKER ADDRESS PLANERIK Seil Elbandae Mi
fr more blanks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. ('ensus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING BEATH, gaged in domestic service for wages, as Servent, Cook, to report specifically the occ pations ployed, as At school or At home, fare should be taken definite salary), may be entered at Housewife, Househousehold only (not paid Housekeepers who receive a en at home. laborer, Parm laborer, Laborer-Ccal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemaid, etc. worked on may form part of the second statement nature of the husiness or industry, and therefore an cases, capecially in industrial employments, it is neces-Civil engineer, Stationary fromen, etc. (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive cugincer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-"pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on 07 27.8.). alla Th without more precise specification as Day who are engaged in the duties of the Home, and children, not gainfully em-(a) the kind of work and also (b) the For persons who have no occupation If the occupation has been changed of persons en-The material But in many

Example of Cause of Death—Name, first, the mask cause of Death—Name, first, the mask cause of Death—Name, first, the mask cause cause (the primary affection vith respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia."

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL sopticuenia." "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma." "Conary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Poisoned by carbolic acid—probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Dropsy." "Exhaustion." "Heart vulsious," Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberoulosis of lungs, men (secondary or intercurrent) affection need FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile." etc.), cough; Chronic valvular heart Never report mere symptoms or terminal (Recommendations on state-Example: Measles "Апаетіа" failure." "Haemor-The contributory disease; (disease (second (merely

If this certificate is looked ever thoroughly and all questions answered in detail to will prevent further correspond ence. All the data is essential and must be obtained before the certificate is perplanatify flied.

WAR 201930

se carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD stated EXACTLY. certificate. See instructions on back of N. B.—Every item of information should be CAUSE OF DEATH in plain terms, st

PLACE OF DEATH

Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

				1.19
	Windon	Mill Bos	dst:	
(No.	WEILIGOT	1108	St:	Ward)

٧	illage or Cit	y Hebbville	Charlott		or Will Road St; War	[If death occurred in a hospital or Institution, give its NAME lostead of street and number.]
_	PERSO	NAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE	OF DEATH
3 SI		4 COLOR OR RACE	6 SINGLE, MARRIED, MA WIDDWED, MA ORDIVERCED (Write the Wo	rried	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	9, 1980 (Day) (Year)
	ATE OF BIRTI			, 1 851 (Year)	that I last saw h. alive on 2.	9 1980
7 A	g e	78 yrs. 10	mos. 6 ds.	1 day,hrs.	snd that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, atm,
(a pa (b)	CCUPATION) Frade, prefession, rticular kind of wo General nature of iness, or established an appropriate the ampliance of the control of the	rk Hous findustry,	ewife		Sanday To	yrs. 6 mos. ds.
_	IRTHPLACE	Rosly		ntv. Md.	Contributory(Secondary) (Daration)	Man da da
	10 NAME OF FATHER		tine Smi		(Signed) Q.C.	end, N.D.
RENTS	OF FATH (State or co	IER Com	many	4	*State the Disease Causing Death, or	In deaths from Viorana
PARI	12 MAIDEN		Weikel		CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS	
	13 BIRTHPLA OF MOTH (State or co	ER Germa	ny		At place in the of death yrs mos ds. State	yrs, ds.
	1	TRUE TO THE BES		LEDGE	Where was disease contracted, if not at place of death? Former or usual residence.	
1 5	(Audiess)	Vindsor Mil		ebbvill	19 PLACE OF BURIAL OR REMOVAL 10 011.00 ROSDyn 20 UNDERTAKER	DATE OF BURIAL 9 30

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Y. S. No. 1.

Important.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:

V. S. No. 1

m

PLACE OF DEATH	(139) STATE OF MARYLAND
County Balto,	CERTIFICATE OF DEATH
/ ************************************	1.7-110
Village or City Essel (No. Mace of He	Registration Dist. No.
Village or City Essex (No. Mace of Ho	Ward) a hospital or institu-
2 FULL NAME antionette B &	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MIDOWED. MIDOWED.	Tel: 24, 1980
Temale VV Reco (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	January 25 1930 to Feb. 24, 19230
(Month) (Day) (Year)	that I last saw h er alive on dead on 2-24-, 192 30
7 AGE IfLESS than	and that death occurred on the date stated above, at 5:15a m.
[] dayhrs.	The CAUSE OF DEATH * was as follows:
mos. ds. or min.	Apoplexy
8 OCCUPATION (a) Trade, profession or	***************************************
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) everal hours
which employed or (employer)	Contributory Pulmonary oedema
9 BIRTHPLACE (State or country)	Secondary
Rumany	Sewaral hours de.
FATHER hole known	(Signed) L. B. Bronushas. C. M. D.
11 BIRTHPLACE	2-24-30 192 (Address) 3037 O'Donnell St
of father he have	
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother not known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country)	At place of deathyrsmosds. In the State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
01: 1:	Former or
(Informant) Ottelia Blemline	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
(Address) Esser	(Dalla - Fd 27 38
(1 tal coo)	20 UNDERTAKER ADDRESS
15 Filed Top. 76 198 2 John J. Cormelly	26 UNDERTAKER ADDRESS
Registraz	George UU. Jukele 1/73/ E. Eagu N
If more banks are meded address that Posistran	16 W Spratogn St. / Relto . Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronicetc. The contributory affection need not be valvular heart disease; Nomenclature of the

Village or City Shumin Pind (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) St.: Ward) St.: Ward of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. MUIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH September 13th, 1936. (Month) (Day) (Year)
TAGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day hrs.	that I last saw h in alive on left 13 m, 19230 and that death occurred on the date stated above, at 1865 P m, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Carlestee (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Information Many (Address) 15 Filed M. 13 1923 J. M.C. Many Registran 16 more branks are needed, address Ltate Registran	(Duration) (Duration) (Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Signed) (Signed) (Address) (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (S

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., William laborer, Laborer-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (0) eases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oestate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know Civil engineer, Stotionary firemon, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servont, Cook, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materical nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy (a) the kind of work and also (b) the -Coul mine, etc. Wom-Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acter() ed term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicacmia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.X cough; Chronic ete. The contributory affection need valvular heart Nomenclature not be discose;

JUN 7 1930

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; It should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foremon, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm laborer, Laborer-Coal mine etc. Women at home who are engaged in the dutles of the household only (not paid Housekeepers, who receive a definite salary), may be entered as House, wife. Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from tusiness, that fact may be indicated thus: Farmer (retired 6 ys.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (uever report "Typhold Pneumonia"); Lobar pneumonia; Bronohopzeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., carcinoma, Sarcoma, etc... of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough, Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Exampie. Measles (disease causing death), 29 ds; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Oid age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septichaemia" "PUERPERAL peritionitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Exampies: Accidental drowning: Struck by reilway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

V. S. No. 1

PLACE OF DEATH County Psallsman	O189 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 37
Village or City Swenny F (No. P 2FULL NAME Own Kleric	St: Ward) (If death occurred I a hospital or institution, give Its NAME Instead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Month) (Day) (Yesr)
DATE OF BIRTH Jan 20, 1858 Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 1930 to 1930 that I last saw here alive on 1930 to 1930
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at J. D. 30
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	artin Regunson, talin homes and
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)
10 NAME OF FATHER John Zinklaan	(Signed) O3 B3 (Busson M. F.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Heavy Klein	if not at place of death? Former or usus! residence
(Address) Agenty Med 15 Filed Jan 7 1930 B Bearing Registrar	Find Refund Cerely Jones 9, 192
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servard, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. valvular heart The contributory

	County & Alline	
Vil	llage or City Grante (No	8. X
	PERSONAL AND STATISTICAL PARTIC	ULARS
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCE (Write the wo	Maried
6 1	DATE OF BIRTH	
	(Month) (Day)	1895 (Year)
7 /	34 yrs. // mos. 7	If LESS than I day hrs. or min.?
() b	(a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer)	
	10 NAME OF GEO. H. Fish	w
NTS	11 BIRTHPLACE OF FATHER (State or country)	-
PARE	of MOTHER Laura 3.	Miller
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	
14	(Informant) C. Illeus	LEDGE
15	Filed Les 11 1980 K. 782	1hz

PLACE OF DEATH

(31)

If more blanks are needed, address ttate Wegistrar, 16 W. Saratoga St., Balto., Requesting V.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is Ward) stend of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Contributory Secondary (Durstion) the Discase Causing Death, or, in Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (2) Whether and 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death Where was disease contracted, if not at place of death? Former or usual residence. DORES

EVERY

8

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," unqualified, is indefinite); Tuberculosis of lungs, men-ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory Measles ;

permanently filed answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

V. S. No. 1

PLACE OF DEATH	01396 STATE OF MARYLAND
County Dalmore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City full letter (Na Joka Ro	ad nous Coveritor Ove
2 FULL NAME George Hine	Ward) a life death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
male White OR DIVORCED Corre	(Month) (Dsy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept. 13 859	1923d
(Month) (Day) (Year)	that I last saw h Malive on Fel [192]
7 AGE	m.
70 yrs. 1 mos. 26 ds. or min.	
8 OCCUPATION	The same
(a) Trade, profession or Hame	
(b) General nature of industry business, or establishment in	***************************************
which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) Makelland	Contributory Avenu School
10 NAME OF 1/	(Durating) yrs
FATHER Henry Kline	(Signed) M. D.
II BIRTHPLACE OF FATHER	19.0 (Address) 4.706 (FT)
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER atherne (romer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Sermans	of deathmosds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KAN WLEDGE	if not at place of death?
(Informant) Freelands Kline	Former or usual residence
(Address) / wellerlow mo R. T. &	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 2/11 192 33 D. P. Frit.	20 UNGERTAKER ADDRESS
Registrar	16 W Swater St. Balta Proposition V S. No. 1

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healther," etc., without more precise specimens. The laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condietc. The contributory

WRITE

N. B.

S. No.

TYSI-Exact

	County 211							
	Vi	llage or City 7	lite	H(No.	4	md_		
Section 100 in the section in the se	2 FULL NAME David Mung							
	PERSONAL AND STATISTICAL PARTICULARS							
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)							
	6 1	DATE OF BIRTH	0					
			may (Month) (D	ay)	, 1 (Year		
2000	7 /	AGE 7	yrs. (0	mos. 2	7	If LESS th I dayh ormin		
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)							
	9 8	STATE OF COUNTRY)	Que	200	,	0		
6.0.	PARENTS	10 NAME OF FATHER	Har	nt	120	40~		
		11 BIRTHPLACE OF FATHER (State or country)	Ge	Sam (an	y		
		12 MAIDEN NAME OF MOTHER	(D)	nt /	lus	1		
		13 BIRTHPLACE OF MOTHER (State or Country)	Gen	ma	m	1		
	(Informant) Edward E. Muggli							
		(Address)	hlist	Hal	21 2	Ad.		

Filed april 18 1930 Jn.

PLACE OF DEATH

03996

STATE OF MARYLAND

		CERTIFICATE	OF DEATH				
1	(129)	Registration Dist. No. 35					
n_ ige	lhofen.	St.:Ward)	(If death occurred in a hospitul or institu- tion, give its NAME in- stead of street and number.)				
5/	MEDICAL CERTIFICATE OF DEATH						
lmi	16 DATE OF DEATH	april 1	8 , 1930				
x (-11	17 I HEREBY	(Month) CERTIFY, That I atte	nded the deceased from				
(Year)	that last saw h	01	L 17 , 1930,				
SS than	and that death occurre		above, at				
min.?	Chromi	Interstite	al rubbank				
		J					
rlet	(Durstion) 2 yrs. mos ds.						
	Contributory Secondary						
19.00	(Signed) Milns	- Borhu	yrsmosds.				
	afral 18 1930	(Address) What	Halland				
	*State the l'ise Violent Causes, stat Accidental, Suicidal or	ase Causing Death, e (1) Means of Inju Homicidal.	or, in deaths from ary and (2) Whether				
<u>-</u>	18 LENGTH OF RESI		als, Institutions, Trans-				
	At place of death		yrsmosds.				
	Where was disease contractif not at place of death?	cted,					
Ohn	Former or /usual residence						
.)	The place of Burial	Cunitry (April 2/, 1930				
260	20 UNDERTAKER	(1)	ADDRESS				

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

32 S Broadway

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (6) Stationary fireman, etc. But in many Automobile factory. The materia Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need etc. The contributory valvular heart Nomenclature of the disease; not be

V. S. No. 1

N. B.-

PLACE OF DEATH County Balts.	13567 STATE OF MARYLAND CERTIFICATE OF DEATH
County. / O all	
1	Registration Dist. No. 37
Village or City 1 eras (No. 190 Perappo	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME Is- stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed. Married (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Fol 22, 1855 (Month) (Day) (Year)	that I last saw have alive on M. 3 1980
7 AGE [[fLESS than	and that death occurred on the date stated above, at 10.04 A.m.
75 yrs. 8 mos. 10 ds. or min.?	The CAUSE OF DEATH : was as follows: Tober (Neumon Buff)
(a) Trade, profession or particular kind of work barbender	,
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos / de.
9 BIRTHPLACE (State or country) Balto, Co. Md,	Secondary Contribution Secondary Confiction Secondary Contribution of the Duration Secondary most des
FATHER John Knapp.	(Signed) 3 to Duesday 2001-1 M.D.
OF FATHER Z (State or country) Sermany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Not brown	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) A1	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Selinda Knapp.	Former or usual residence
(Address) Texas Balls. Co. Md.	Sherwood Cemetry Nov J., 1930
Filed Man 7 1980 B Been MIN	Leorge W. Jirkler 1737 E. Eagu
If more branks are needed address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic ," "Coma," "Convulsions, etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE P

N B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS 3 SEX PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE S SINGLE. MARRIED Willowork (Write the word) 6 DATE OF BIRTH ALL (Month) (Day) (Vear) 17 I HEREBY CERTIFY, That I gettended the deceased from the date stated above, at law and that death occurred on the date stated above	PLACE OF DEATH County Baltmon	430	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 34
S SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH ALL 16 DATE OF BIRTH ALL 17 I HEREBY CERTIFY, That I gettended the deceased from (Write the word) 17 I HEREBY CERTIFY, That I gettended the deceased from (Year) That I last saw h is alive on All 1932 That I last saw h is alive on All 1932 and that death occured on the date stated above, at I last saw h is alive on All 1932 The CAUSE OF PEATH* was as followers (In Cause of Sealing or S	not now	Anash)	a hospital or institu- tion, give its NAME in- stend of street and
Male While Wisowedce (Wite the word) 6 DATE OF BIRTH 6 DATE OF BIRTH 7 AGE 16 DATE OF BIRTH 17 I HEREBY CERTIFY, That I gettended the deceased of the stated above, at 192 and that death occurred on the date stated above, at 192 and that death of course of the stated above, at 192 and that de	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
TAGE (Nonth) (Day) (Year) (Nonth) (Day) (Year) (All LESS than I day has been been been been been been been bee	male of the MARRIED, WIDOWED WILL		
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 10 NAME OF FATHER Almat Amaple 11 BIRTHPLACE (State or country) 12 MAIDEN NAME Mailer 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWEINGE (Informant) Address 15 Filed Amaple 16 ADDRESS Tield Amaple To Address 18 CAUSE OF BURIAL OR REMOVAL DATE OF BURIAL	Jan 261, 1930	124 26 h	195 . to Jan 26 , 192 ,
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 DINAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWE BGE (Info::nant) (Address) 15 Filed Gare 1 1924 16 The Above Is True to The Best of My Knowe BGE (Address) 15 Filed Gare 1 1924 16 The Above Is True To The Best OF MY Knowe BGE 16 Filed Gare 1 1924 17 The Above Is True To The Best OF MY Knowe BGE (Address)	I day hrs. ds. or min.?	1	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PLANT KNAMP 11 BIRTHPLACE OF FATHER OF THE PLANT OF MALE OF FATHER OF MALE OF FATHER OF MALE OF FATHER OF MALE OF FATHER OF MALE OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER O	(a) Trade, profession or particular kind of work	The can In	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Informant) (Address) (Add	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory	nemality Buth 8th mis
OF MOTHER Makey Allower 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWEDGE (Informant) (Address) 15 Filed and 1983 16 A Truck 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State yrs mos do Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Address) DATE OF BURIAL ADDRESS POUNDERTAKER ADDRESS	11 BIRTHPLACE OF FATHER (State or country) 12 All 5 Cef mil	*State the I Violent Caus a, a	Disrase Causing Death, or, in deaths from tate (1) Means of Injury and (2) whether
(Informant) (Informant) (Address)	of Mother Moules Allson	At place of death yrsr	In the nosds. Stateyrsnosds.
15 Filed au 28 1980 le 6 Forotte he 189 UNDERTAKER	(Informant) James Anafofo	if Not at place of dea Former or usual residence	th?
If more banks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	15 Filed Jan 28 1980 C. E. Fowth M.	James Mana	Myras jeher Gruent som

C. 5. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grucery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nevunt, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," 'Manager," 'Deal-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation The quesengineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere brospinal meningitis"); Diphtheria (avoid use of "Croup") Tuphoid fever (never report "Typhoid Pneumonia"); Johan pneumonia, Bronchopneumonia ("Pneumonia");

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If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

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tion	DAU	10
rma	te	ZA
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E	hoc	nt o
N. BEvery item of information should be carefully supplied. ACE should be stated EXA	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly cia	statement of OCCUPATION is very important. See instructions on back of certificate
very	IAN	tate
H	0	60
. 8		
-		

D /T	02644 STATE OF MARYLAND
County Dallemose	CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City Less Less Misson 2FULL NAME Bally Line	St: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Month) (Day) (Year)
6 DATE OF BIRTH 3 /8 , 1934	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	_
7 AGE If LESS th I day h or mir	rs. The CAUSE OF DEATH was follows:
Mai I rade, profession or	0 10 10 10 10 10 10 10 10 10 10 10 10 10
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 UNAME OF FATHER (State or country)	Contributory Secondary (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Address) (Address)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Durstion) (Durst
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Durstion) (As to place (Durstion) (Durstion) (Durstion) (As to place (Durstion) (Dur
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 MAIDEN NAME OF MOTHER (State or Country) 16 MOTHER (State or Country) 17 MAIDEN NAME OF MOTHER (State or Country) 18 MAIDEN NAME OF MOTHER (State or Country)	Contributory Secondary (Durstion) (Durstion) (Signed) (Signed) (Address) (Address) (Address) (Address) (Causing Death, or, in deaths from an of Injury and (2) Whether Accidental, Suicidal or Homicidal. (B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) (At place of death yrs mos ds. (B Length OF Residents) (Contributory (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Address) (Death, or, in deaths from an of Injury and (2) Whether Accidental, Suicidal or Homicidal. (B Length OF Residents) (Contributory (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (As.
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Durstion) (Durstion) (Signed) (Address) (Accidental, Suicidal or Homicidal. (B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) (At place of death yrs

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state; occupation at beginning of illness. If retired from tired; 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, ctc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on man, (b) Automobile factory. The material without more precise specification as For persons who have no occupation Stationary fireman, etc. But in many Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, perdonaeum, etc., Never report mere symptoms or terminal condi-Chronic Carcinoma, Sarcoma, etc., of valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact classified to be a properly of satisficate. CORD Y, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

4. S. No.

	PRACE OF DEATH	13568 STATE OF MARYLAND CERTIFICATE OF DEATH
	County	Registration Dist. No.
	Village or City Samues Corest 7/1	St.: Ward) (If death occurred in a hospital er Institution, give its NAME instend of atreet end number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDSWED, OR DIVORCED OR DIVORCED (Write the Weed)	16 DATE OF DEATH Nov. 30 \$6 , 19238 (Month) (Day) (Year)
	6 DATE OF BIRTH June - , 1888	17 A I HEREBY CERTIFY, That ottended the deceased from 1923 to Nov. 30 1923 that I lest saw have elive on Nov. 29 1923 to
2007	7 AGE [If LESS than	and that death occured on the date stated above, at 1 a m.
0	42 yrs. 5 mos. ds. or min.?	The CAUSE OF DEATH * was es follows:
2000	(a) Trade, profession or Domestic	appling
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
Jodini	BIRTHPLACE (State or country)	Centributery Secondary M. Duration yra mos ds.
very	10 NAME OF ANKENOWN	(Signed) 1. (1) (Signed) M. D.
2	OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	C 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
000	13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of death yrs
ement of	(Informant) The BEST OF MY KNOWLEDGE	Former or usual residence
State	15 Filed Nov. 3v 1923 y H. Corrier and Registral	2 JUNDERTAKER PLASE Son 1400 Misher
	If more banks are needed, addross Stete Registrer,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a dofinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more previous of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grovery;

Statement of Cause of Death—Name, first, the missense causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"; Typhoid pneumonia. Bronchopmeumonia ("Pneumonia")

inges, perilonaeum, etc., Carcinoma, Sarcoma, "Ursemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death telunus) may be stated under the head of "contributory as fracture of skull, and consequences (e. g., separa, curbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease The nature of the injury, affection etc. The valvular heart disease; need contributory not be etc., of

If this certificate is looked ever thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Parmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, liousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Laborer Civil engineer. Stationary freman, etc. But in many Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile (a) the kind of work and Laborerfactory. The -Coal mine, etc. (6) also (b: the m: lerial (grovery)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiluria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonacum, etc., Carcinoma, Sarconu, as fracture of skull, and consequences (e. g., sepsils, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death carbolic acid—probably suicide. Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) Committee on for malignant neoplasms); Measles; Chronic valvular heart Example: Mausles (disease etc. The nature of the injury, affection need Nomenclature The contributory Always qualify all not be disease efc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

	REC	EX/
MARGIN RESERVED FOR BINDING	WE KINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	-Every item of imformation should be carefully supplied. AGE should be stated EXI should state CAUSE OF DEATH in plain terms, so that it may be properly classified OCCUPATION is very important. See instructions on back of certificate.
FOR	THIS IS	AGE at it may
VED	INK	supplied s, so the
RESER	UNFADING	plain term See Instruc
NON	LY, WITH	DEATH in
M	NIN	AUSE OF I
	WE	ry item of
%o. 1.		Shoc

8 ż

PLACE OF DEATH County Baltim Village or City Family (No Charles) 2 FULL NAME	STATE OF MARYLAND (S) CERTIFICATE OF DEATH Registration Dist. No. 42 St.; Ward) [If death occurred in a hospikal or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO OR OIVORCED OR OIVORCED OR OIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 OATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Cocupation (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (Month) (Day) (Year) (Year) 1 day, hrs. OR min.?	that I last saw halive on 191 and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows: Contributory (Burallou) 175 168
10 NAME OF FATHER Clear Kurbbeh 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Clehic B feluvale 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Address) (Address)	(Signed) *State the Disease Causing Deate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State, yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence 19 Place of Burial or Removal Oate of Burial
18 Stark Oce 23 3 He Makel.	20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U.S. Census and American Public Beaith Association.

only when needed. As examples (a) Spinner (b) coan, Compositor, Arckitect, Locomotive engineer Civil engineer, Stationary freman, etc. But in many week. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servant Cook employed, as At school or At home care should be wife, Housework, or At Home, and children not gainfully who receive a definite salary), may be entered as Housethe duties of the household only inot paid Housekeepers precise specification as Day laborer Furn laborer, Laborer "Foremun, mobile factory. mill; (a) Salesman, b) Grocery, (a) Faremun, b, is provided for the latter statement, it should be used business or industry, and therefore in additional binespecially in industrial employments, it is occessory to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, arespective of age. ness of various pursuits can be known The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus. Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons of the second statement. know (a) the kind of work and also (b) the pathre of the For many essupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever · Wanager, "Dealer the material worked on may form part Women at home who are engaged in Never reary Labore, 313 if retired from without more

Statement of Cause of Death—Name, and, by a reason causing death (the primary affection with respect to time and causation), using always the same accepted berm for the same disease. Examples Creebrospinal fever (the only definite synonym is 'Epidemic erebrospinal meningitis''); Diplatheria (avoid use of 'Croup'); Cyphoid tever 'never report 'Typhoid pneumonia'; cobar patamenta, Eronchopneumonia 'Pneumonia'; and and another the complete of th

ulla " struck by railway train-accident, Revolver wound of vead-homicide; Poisoned by carbolic acid-probably nephritis, etc. lough, Chronic valoular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whosping iname origin; "Cancer" is less definite; avoid use of ges, perstanaeum, etc., Caranana, Sarcama, etc., of and consequences (e.g., sepsis, tetanus) may be stated SUICIDAL, OF HOMEUDAL, OF HIS probably such, if impossible to determine definitely. Examples: Accidental drowning. state steams in informal and qualify as accidental, augical operation was undertaken. For collean unates nirth a macarrage genital," symptoms of terminal conditions, such as "Asthema, hopneumonia (secondary), 10 ds Example: Measles (disease causing death), 29 ds.; Broncent) affection need not be stated unless important. inder the head of "Contributory" (Recommendations activities a definite disease, as he agreemen as the Heari indure, 'Anaemia" in Nomenclature of the American Medical Association) in statement of cause of death approved by Committee Prespende personals, en Sinte ause to, which Old Age, Always quality all diseases resulting from child-The nature of the mjury, as fracture of skull Coma, 'Senife, ' oma, Convulsions Dehility Con-The contributory (secondary or intereur-Haemorrhage otc) as 'Petupenal septichaema," . Drupsy Drgema, Weakness, (памилов, Never report mere "Exhaustion," Maras

if this entificate is looked over diorongibly and all questions auswered in detail, it will prevent further correspond nee. All the data is essential and must be obtained before all defined to permanently filed.

PLACE OF DEATH	14700 STATE OF MARYLAND
County Jollo	CERTIFICATE OF DEATH
1 10 119	Registration Dist. No.
Village or City Glenam (Not F)	St.: Ward) (If death occurred in
2FULL NAME Lillian L. 1	d nospital of institu- tion, give its NAME it- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH. Dec (2 3 , 19230)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec. 13 180	
(Month) (Day) (Year)	that I last saw ham alive on Lee Z. 3, 192,
7 AGE	and that death occurred on the date stated above, at
yrs. mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows: A structure
a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)de,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF Chas W. Knox	(Signed) Char & Burgon M. D.
O II BIRTHPLACE	Lela 23 192 (Address) / Luysville ho
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME Strawe Brebeck	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of death yrs mos ds. State yrs ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Class W. Knox	Former or usual residence
110.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Alwam	Vantewood Wd Dec. 29, 1930
15 -1 -9 0. Willie	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (ic state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed c," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-Example: Measles (disease valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions angivered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneatly filed.

JAN S

V S Na

PLACE OF DEATH	05287 STATE OF MARYLAND
County 18alfmore	CERTIFICATE OF DEATH Registration Dist, No. 30
Village - Car Cafonsville. Spring	Ward) (If death occurred in a hospital or institute of the Name in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fencele White Single, wildowed (Write the word)	16 DATE OF DEATH May 6, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH See	17 Nov 4 1929 to May 6, 1920 that I last saw here alive on May 5, 19230,
76 yrs. 3 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Particular kind of work (b) General nature of industry	Pulm Tuborculous
business, or establishment in Which employed or (employer)	Contributory Honorage Relan
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos ds.
10 NAME OF FATHER Michael amon	(Signed) Ober & Garrett M. D. May 6 1930 (Address) Eatonsolle M
OF FATHER (State or country) 12 Maiden Name OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Preller	13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Germany	At place of death yrs. 4 mos. / ds. In the State 55 yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, an Dolland
(Informant) Mis ana South	usual residence The Rupial OR REMOVAL DATE OF RUPIAL
(Address) 64/3 Celonia averaspo	Holy Reclemen May 9 , 19 3.0
Filed 576 1930 ATO CULLULA Registras	Mrs. C. Miller & Son 23 X geffers
If more blanks are needed, addre.s ltate Kegistra	, 18 W. Saratoga Et., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As Spiraner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective c. fulness of various pursuits can be known. The quescupation is very im ortant, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write Nonc. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation single word or term on As examples: (c) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EALE CLUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature st_ted unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1 PLACE OF DEATH	03997
PLACE OF BEATH	STATE OF MARYLAND
County Balt.	CERTIFICATE OF DEATH
(100	
Village or City Eessey (No. m 2FULL NAME Jessy Charles	Toelbel St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Mosth) (Day)
G DATE OF BIRTH F.G., J. C., 1930 (Month) (Day) (Year)	that I last saw have alive on (Day) (Year) (Year)
7 AGE yrs. 7 mos. 10 ds. or min.?	and that death occurred on the date stated above, at #130 . m. The CAUSTOF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) Balto: 2nd.	Contributory Secondary (Duration) yrs mes de
10 NAME OF FATHER Semon M. Koelbel 11 BIRTHPLACE	(Signed)
(State or country) of alts. Ind.	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Theresa Vitale	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Checks Shrukea	At place In the of death yrs mos de. State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Simon m. Koelbel	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) mytt are.	Oak Hell Com. Up. AS, 19 30
Filed age. 18 1930 John G. Cornelly.	John S. Comelly Cessex
If more bianks are needed, address State Registyng	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, whatever, write None. report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic and consequences (e. g., sepsis, etc. The contributory affection need valvular heart disease; not be

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[Approved by U. S. Census and American Public Health Asso.]

vided for the latter statement; it should be used only or industry, and therefore an additional line is proor term on the first line will be sufficient, e. g., occupation whatever, write None. state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer, "Laborer," "Foreman," "Manager," form part of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, spective of age. question applies to each and every person, healthfulness of various pursuits can be known. The occupation is very important, so that the relative Farmer (retired, 6 yrs.). For persons who have no from business, At school or At home. Care should be taken to Automobile factory. Statement of Occupation .- Precise statement of domestic service for wages, as Servant, Cook, For many occupations a single word that fact may be indicated thus: The material worked on may Compositor, Archi-"Dealer," etc., Never return

(avoid use of "Croup"); Typhoid fever (never resame accepted term for the same disease. DISEASE CAUSING DEATH (the primary affection with Bronchopncumonia Cerebrospinal fever (the only definite synonym is respect to time and causation), using always the toneum, etc., Carcinoma, Sarcoma, etc., of indefinite); Tuberculosis of lungs, meninges, periport "Typhoid pneumonia"); Lobar pneumonia; Epidemic cerebrospinal (name origin; "Cancer" is less definite; avoid use of Statement of Cause of Death .- Name, first, the ("Pneumonia," meningitis"); unqualified, Diphtheria Examples:

> symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease wound of head-homicide; Poisoned by carbolic acid determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to INJURY and qualify as ACCIDENTAL, undertaken. "PUERPERAL septicemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemorvulsions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopneumonia (second. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; ing; Struck by railway train-accident; Revolver (secondary or intercurrent) affection need not be the American Medical Association.) death approved by Committee on Nomenclature of tetanus) fracture of skull, and consequences (e. -probably suicide. State cause for which surgical operation was (Recommendations on statement of cause of may be stated under the head of "Contribufor malignant neoplasms); FOR VIOLENT DEATHS State MEANS OF The nature of the injury, as SUICIDAL, Measles;



WRITE H

Z

S. No. 1

	PLACE OF DEATH	61397 STATE OF MARYLAND
	County Gallo	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Merridele (No.	
	Village or City//VIIII (No	Sta Ward) (If death occurred in a hospital or institu-
0	10xe6 1 716 066	holds ton, give its NAME in- steed of atreet and number.
	2FULL NAME / CONC	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
5	MIDOWED WILLOW CR DIVORCED	77/
Da	// (Write the word)	(Month) (Day) (Year)
L C	6 DATE OF BIRTH	Jan 1 1030 10 7et 21 1030
10	Sept 2, 185	that I last saw here alive on Feb 21 130.
101	(Month) (Day) (Year	
חכו	7 AGE	
8	yrs. yrs. ds. or mi	
_	B OCCUPATION	in.? (Irebral Miss May
909	(a) Trade, profession or	
	particular kind of work (b) General nature of industry	
ant	business, or establishment in	(Duration)yrsmosde.
ort	which employed or (employer)	Contributory asternoscles
d L	9 BIRTHPLACE (State or country)	1 Secondary
-	(State or country) Cumbelland 1	Quration) yrs mos de.
0	FATHER MILLS TO ME PLANE	(Signed) M. D.
0	11 BIRTHPLACE	1WV 21920. (Address) al austili, Med
NO	OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Caus.s, etate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
0	Z (State or country) Courself	Accidental, Suicidal or Homicidal.
A	of MOTHER Zuckurne	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
CUP	18 BIRTHPLACE	icnts or Recent Residents) At place In the
000	OF MOTHER (Stats or country) Mukuowu	of death yrs de. State yrs de.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
10	hen Min (Former or
1en	(Informant) Many Many Cullers on	19 PLACE OF BURIAL OR PENOVAL DATE OF BURIAL
OU	300 & Venerund L	11 1 1 31
tat	(Address)	ADDRESS ADDRESS
00	Filed Fel 22 1920 lowlatteest	20 ONDERTANTE
	Registrai	
	16 mars blanks are needed, address State Regis	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neceswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Laborer-Coul mine, etc. The ques-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; phhoid fever (never report "Typhoid Pneumonia"; obar pneumonia, Bronchopneumonia ("Pneumonia";

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. (secondary Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need not be for malignant neoplasms); Chronic valvular heart disease; Example: Measles (disease etc. The contributory Always qualify all Measles ; etc., of

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V. S. No. 1

N. B.-

HYSI-Exact

PLACE OF DEATH	
County Battimore	(3
Village or City Resterstown (No.	mt. Re
2FULL NAME Lulia	1 Cane
PERSONAL AND STATISTICAL PART	TICULARS
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVOR (Write the	CED
6 DATE OF BIRTH	
July 26- (Month) (Day	, 1887 (Year)
7 AGE	If LESS than a land de. or min.?
(b) General nature of industry business, or establishment in which employed or (employer)	sewort -
9 BIRTHPLACE (State or country) Russia	
10 NAME OF FATHER Isaac Bros. 11 BIRTHPLACE	lauski (
OF FATHER (State or country) Russia	
of MOTHER Coze Rolom	oitzin !
13 BIRTHPLACE OF MOTHER (State or Country) Russia	
(Informant) Hospital (Address)	
15 Filed Jus 13,1980 H.M. S	IndE 2

STATE	OF	MARY	LAND
CERTIFIC	CAT	E OF	DEATH

Registration Dist. No.

Leasant Jaw St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
	(Day) (Year) (Year)
17 I HEREBY CERTIFY, That I atte	nded the deceased from 1930,
and that death occurred on the date stated a The CAUSE OF DEATH * was as follows:	above, at X: 15 ft.m.
Pulmorey Tile	- Louis
(Duration)	_ytsds.
Contributory	
(Signed) albert 7.	
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	
At place of death yrs 11 mos. 21 ds. In the State,	
Where was disease contracted, if not at place of dea.h?	
Former or usual residence 5102 Queens	
19 PLACE OF BURIAL OR REMOVAL	6-13-, 19.30
20 UNDERTAKER Reurs, 14.	39 Balti
and all a second as a second	A . 1

If more branks are needed, addre.s State Registrar, 16 W. Salatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specincation as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH County Saltman	02645 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Sundalk (No. 1921 7) 2FULL NAME Line May 7	Registration Dist, No. Ward) (If death occurred is a hospital or institution, give its NAME in stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temmle . W. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 23, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 17 1920. to march 23, 1923. that I last saw by alive on march 16, 1924.
7 AGE If LESS the day hr or min	rs. The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Broncho Preumonia
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos. di
10 NAME OF FATHER Juliph Kanopki	(Signed) anneally M. [3-24-1920 (Address) Anneally, mf
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) Obland	At place of death yrs
(Informant) A THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Smdalk, my. 15 Filed 8/14/3092 Muleassine Registrar	Christ Ev. Ligth. Church. Cem. Mar. 25. 1930. 20 UNDERTAKER Sons. Inc. Bultimore St. & Broadway
If more blanks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coat mine, etc. wour-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Solcsman. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-,, etc., For many occupations a single word or term on yrs). Farm luborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The material -Coal minc, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospipul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion," "Heart ..., "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as "Uraemia, " "Weakness," etc., when a definite disease American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, cun be ascertained as the causc. Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; ("Congenital," "Senile," etc.), "Dropsy, Committee on Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V & No. 1

PLACE OF DEATH	10152 STATE OF MARYLAND
County Saltmore	CERTIFICATE OF DEATH
V) 14	Registration Dist. No. 38
Village or City / WALDW (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mailin JE	Oous a nospital or institu- tion, give its NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Hule SSINGLE, MARRIED MIDOWRO OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH 2 , 1980 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 11, 1908	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE 1 1 day hrs.	The state of the date stated above, at
B OCCUPATION ds. or min.?	acalent,
(a) Trade, profession or particular kind of work	Cultomobile collison
(b) General nature of industry	
which employed or (employer) I few will	(Duretion)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF	(Dgration) yrs mos ds.
FATHER DOOR ROOM	(Signed)
OF FATHER	192 (Address) MDDU, MA
(State or country) Lauflin 60 Juni.	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
of MOTHER Maude Suctioner	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents or Recent Residents) At place In the
(State or Country) Sareplum Co. Leuw.	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
and My hammen man Slave	Former or usual residence
(Informant) III of Jumilion and grow	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Surges Will Lenn	Schools Churchelew Va Sept 23, 130
Filed Left 21 1930 M. Butter	William book 217 St Paul &
If more blanks are needed, addre. s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Farm loborer, Loborer—Coal mine, etc. Wom-laborer, Farm loborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Former or Planter, tion applies to c ch and every person, irrespective cf definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) (secondar) or intercurrent) affection need not be st_ted unless important. Example: Meosles (disease inges, perilonoeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature of the corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping cough; letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory volvular Always qualify all heart

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V. S. No. 1

	PLACE OF DEATH ,	01398	STATE OF MARYLAND
	County Baltimore	91-0	CERTIFICATE OF DEATH
	P. D.		Registration Dist. No.
Vi	illage or City Sparrmo Chosut,		St.: Ward) (If death occurred in
	2FULL NAME Frank J. St	oonty	St: Ward) a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH	Fely 3, 1030
=	(Write the word)		(Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREB	Y CERTIFY, That I attended the decemed from
	(Month) (Day) (Year)	that I last saw h	e alivo on death and fre
7	AGE [If LESS than		rred on the date stated above, atm.
	44 yrs. 3 mos. 23 ds. or min.	The CAUSE OF DEA	TH * was as follows:
	OCCUPATION	to rue	
1	particular kind of work	m l.	Tocaident or infing cevers.
, 1	(b) General nature of industry business, or establishment in which employed or (employer) Butt Mere be		(Durstion) yrs. mos. ds.
- 1	BIRTHPLACE (State or country)	Contributory Secondary	A
	10 NAME OF A COM AND	Vanh	M' Hicholas Comb
	FATHER No. 1	(Signed) 102	(Address) 1022 Fab Jonan Onex
NTS	11 BIRTHPLACE OF FATHER (State or country)	State the I Violent Causes, s	Disease Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether
PARE	12 MAIDEN NAME WOND WINW		SIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent R	In the
	(State or Country) Triland	of death yrs	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea	
	(Informant) Tobice Doft	19 PLACE OF BURIA	L OR REMOVAL DATE OF BURIAL
	(Address) Sparrow Pout Ind	Checand	Hoart Cuite Tel 5. 1930
15	Filed Fler 5" 19230 G M. Cornica (n	20 UNDERTAKER	Denni 7/5 List St
=	If were hands on model other Carlo Defend	16 W Santons Set	Bolto Provesting V S No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, But in Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on merican Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; intercurrent) Chronic affection etc. The contributory valvular heart Nomenclature need not be disease;



	03998 CTATE OF MADVI AND
PLACE OF DEATH	STATE OF MARYLAND
Kalla	CERTIFICATE OF DEATH
County D: -	Registration Dist. No. 33
Village or City Rusters lung (No. 2 FULL NAME Charles Edward	St: Ward) Rorman St: Ward) If death occurred in a hospital or institution, give its NAME inetend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARKED WIDOWED OR DIVORCED	16 DATE OF DEATH (Month) (North) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	4-21- 130, 104-24- 1080
aug. 17. 9257	that I last saw h / M. alive on 4-24 -, 19230
	and that death occurred on the date stated above, at 1000 m.
7 AGE	The CAUSE OF DEATH % was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Scarletina
(b) General nature of industry business, or establishment in	(Duration) yrsrnos. 5. de.
9 BIRTEPLACE (State or country) Mary Cand	Secondary (Duration) 1
10 NAME OF Sungell Korman	(Signed) france & Saffely M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Louise Brothers.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Weatmenster	At place of death yrs mos da. In the State, yrs mos da. Where was disease contracted,
H THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Lurge W Krman	Former or usual residence
(Address) Rhis tire times Md	all Santa april 26, 1933
Filed apr. 25 1930 Drmslate	20 UNDERTAKER Nom B. Course of Land Reis leng bring
if more blanks are needed, address State Registrar,	16 W Saratoga St. Ralte. Requestive V. S. No. 1

03998

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At *chool or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus: Farmer (re-Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthfired 6 yrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhanstion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measics;(name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Poisoned by carbolic acidtrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway diseases resulting from childbirth or miscarriage as vulsions," (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping "Debility" ("Congenital," "Senlle," etc.), cough; Chronic valvular heart discase; (Recommendations on state--probably suicide. affection need not be "Anaemia" (disease (second-(merely

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7. S. No. 1

PLACE OF DEATH County Backins	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Losehmento. 2410 Pope 2FULL NAME Frederick K	St.: Ward) (If death occurre a hospital or institution, give ite NAM stend of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Wilsowed CR DIVORCED (Write The word)	16 DATE OF DEATH (Month) (Day) (Yea 17) I HEREBY CERTIFY, That I attended the deceased
S DATE OF BIRTH Afril 26, 1846 (Month) (Day) (Year	that I last saw h www alive on Apr. 2 3 19 and that death occurred on the dote stated above, at
7 AGE If LESS than I day hrs. ds. or min. a occupation (a) Trade, profession or	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
10 NAME OF FATHER CONTROL OF F	(Signed) Scar le Dicles (Signed) Soar le Dicles (Signe
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) whet Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos de State yrs mos mos mos mos mos mos mos mos mos mo
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence
(Addfes) 24 Uyuu	20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—coat mine, etc. woun-en at home, who are engaged in the duties of the should be used only when needed. As examples : (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. gaged in domestic service for wages, as Scrvant, Cook, Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Mever return "Laborer," "Foreinan," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed harer Farm laborer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. Wom-(6) material Grocery;

Statement of Cause of Death—Name, first, the DIS-JEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., et (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitual nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Heart failure," "Haemorrhage, The nature of the injury,

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S. No. 1

N.

County Baltimore	12204 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44
Village or CityEdgemer (No. Sparro	tion, give its NAME II
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED WIDOWED. Whate Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE Soccupation Gay Market M	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) Marine da. Contributory 310212
10 NAME OF FATHER CHARLES AUTHORS 11 BIRTHPLACE OF FATHER	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Accidental, Suicidal or Homicidal. 10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	Where was disesse contracted, it not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Och. 27, 19 36
Filed Oct. 76 1980 olm G. Connelly	20 UNDERTAKER ADDRESS ADDRESS
ir more planas are needed, address Ltate Negistra	, , , , , , , , , , , , , , , , , , , ,

(Approved by U. S. Census and American Fublic Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Funter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tircd 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as For persons who have no occupation Locomotive engineer, As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospanal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhod Pneumonia"); Lobar pneumonia, Bronchopheumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-taken. For violent deaths state means of injuly "PUERPERAL seplicoemia," "PUERPERAL perilondis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B

1PLACE OF DEATH	04000 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No.
	forking and St.: Ward) (If death occurred in a hospital or institution, give its NAME In-
2 FULL NAME Joseph H- Krie	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. Manuel (Write the word)	16 DATE OF DEATH CASUL 20, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH Movember 25, 1862 (Month) (Day) (Year)	HEREBY CERTIFY, That I attended the deceased from 1928. to april 20, 1920. that I last saw here alive on april 19, 1220.
7 AGE If LESS that I day hr hr or min min	S. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Pan Hange	Chronie Myroardites.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Marlikant	Contributory Secondary (Duration) yrs mos ds.
FATHER Joseph H. Kroft	(Signed) M. O. Stracus M. D. 1/20, 1930 (Address) 1901 quiffesale
OF FATHER (State or country) (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Rasidents)
13 BIRTHPLACE Senso, OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mo May Kraft (Address) Jop Kus Ase Haldhople	19 PLACE OF BURIAL OF REMOVAL PAIN OF BURIAL LONGER Park Cent. April 23, 19 30
15 Fild puf 24 130 Seffulie St	Re Windook 1217 At Paul
If more bianks are needed, address State Regists	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, Never return "Laborer," "Foreman," "Lianager," "Dealworked on may form part of the second statement. Spinner, should nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on be used only when needed. As examples: (a) yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) Salceman (b) Grant man, (b) Automobile factory. The material without more precise specification as Day who are engaged in the duties of the Laborer-Coal mine, etc. Wom-Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart langue," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, American Medical Association.) resulting from childbirth or miscarriage by Committee on cough; Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic affection need etc. The valvular Nomenclature of the heart contributory "Dropsy, not disease;

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PLACE OF DEATH	STATE OF MARYLAND
County Olltonon	CERTIFICATE OF DEATH
8day	Registration Dist. No.
Village or City Sugar Still You is	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH DEC. 15th, 19230 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 , , , 192 , , , 192 , , , 192 , , , , , , , , , , , , , , , , , , ,
7 AGE If LESS than day hrs. day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Otill Coru (menature) (Duretion) yre. mos. de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Jany & Kramer 11 BIRTHPLACE	Contributory Secondary (Duration) (Signed) (Signed) M. D. M. D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER March C. Uph off 13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of deathyrsmosds.
(Informant) Marie L. C. Kramer	Where was disease contracted, it not at place of dea.h? Former or usual res.dence
(Address) Edgemen	Dent ohus Hopkins, 19
Filed DEC 16 1923 & AMElinia collection Registral	and alors and alors and address
If more hanks are marked addy- a tank, tradition	a In W Spratone St Bulto Vacanating V S Lo I

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH (a) Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation (b) Automebile factory. The material But in many (6) Grocery;

Strtement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospiral fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) fitecommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic etc. The contributory affection need valvular heart disease; Nomenclature not be

answered in detail, it will prevent further correspondence. All the day is essential and must be obtained before the certificate is permanently filed.

PLACE_OF DEATH	08980 STATE OF MARYLAND
Boltin	CERTIFICATE OF DEATH
County Savumme	31
0 + .11	Registration Dist. No.
Village or City Calonsville (No Laure	Ward) (If death occurred in
Village of City	a hospital or institu- tion, give its NAME in-
Llever and K	etead of street and number.)
2 FULL NAME YUWWWY JU	wy
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SYX 1 COLOR OR RACE 5 SINGLE,	16 MATE OF DEATH
WIDOWED WIDOWED	(Month) (Day) (Year)
male Make OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended the decessed from
6 DATE OF BIRTH	1929, to lug 22, 1922a
bank 7 163	
(Month) (Day) (Year)	1:100
7 AGE	and that death occurred on the date stated above, at 6
/ 7 - 7 dayhrs.	The CAUSE OF DEATH & was as follows:
	Chronic Endocarditio
8 OCCUPATION DL1	Chrosic Kestritis
(a) Trade, profession or particular kind of work.	Callesia Selecation
(b) General nature of industry	2
business, or establishment in Which employed or (employer).	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory Secondary Secondary
(State or country)	Walland (Duration)
1 10 NAME OF DYNAMA	80 (1)
FATHER MARINI KARA	(Signed) M. D.
11 BIRTHPLACE	lug.) 3. 1920. (Address) 4000. Edmondin Un.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcnns of Injury: and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME 2	
of MOTHER (Inknown)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of deathyrsmosda. State,yrsmosda.
14 THE ABOVE IS TRUE TO THE MEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Clorence Knot	Former or usual residence
P 11:11 6 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lawy Fift Jame	Land Comption Des 36 30
15	20 UNDERTAKER ADDRESS
Filed 192	POLITICA TO ILA
Je Stenly Registrar	George San Sanot V. 2101 Dreats. UM
If more blanks are needed, address State Registrar.	16 W. Saletoga St., Balto., Requestive V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The guescupation is very important, so that the relative healthadditional line is provided for the latter statement; it sury to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of should be used only when needed. L ture of the business or cases, supecially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Sulesman, (l) Crocervi or given up on account of the DISHASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-:wed 6 yrs.). For persons who have no eccupation 1 neiness, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed whatever, write None. Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day industry, and therefore an -Coal mine, etc. Wom-As examples: (a) gainfully em-But in many

Exament of Cause of Doath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia."

unqualified, is indefinite); Tuberoulosts of lungs, monuse of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease symptomatic), "Atrophy," "Collapse," "Coma," "Con-Whooping cough; Chronic valvular heart disease; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause "Purperal septicaemia." "Purperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Possoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS STATE MKANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Example: Measles (disease (second-(merely not be

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Siac		PLACE OF BEATH	STATE
Ŧû		County Baltimore	CERTIFIC
0 :		**************************************	THE CERTIFIC
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Sit	Vil	lage or City Fulleston (No. Ridge	Care su
0 8 0	1	ange of only franchischer distribution of the original of the	St:
riy cl		2 FULL NAME Margaret Kreus	zer
ated loperiy		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
st pr	3 8	SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
0 0 X	07	WIDOWED. GAL	may
D A B	10	male White OR DIVORCED Wild	
D'a	-		17 I HEREBY CERTIFY, The
010	0 1	DATE OF BIRTH	(16. 1) 10 20
00 + 00	1	7/20 12 , 1863	
ha		(Month) (Day) (Year)	that I last saw h
ed. ACE	7 4	III LESS than	and that death occurred on the date
trut		/ 2 0 10 day hrs.	The CAUSE OF DEATH * was as foll
me ns		67 yrs. 0 mos. 19 ds. or min.?	
pp		CCUPATION	Curringrua The
su n	1	a) Trade, profession or Housework	- Abdul Angeline
> 0 .		b) General nature of industry	J. Longers /
English	1	usiness, or establishment in	(Duratión
In Ira	K	which employed or (employer) W	Durano
D T S	9 E	BIRTHPLACE ()	Contributory Secondary
AA		(State or country) Crustone	to foron
S D D	-	10 NAME QF	(Dyratio
To Le		FATHER ONLO DE MARINEM	(Signed)
800		11 BIRTHPLACE	6/1/30 192 (Address)
SE	TS	OF FATHER	
000	ENT	(State or country) Slezmany	Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
HOF	AR	OF MOTHER AND	
Eon	0	of Mother Sarbara Mysecher	18 LENGTH OF RESIDENCE (For
ta C		OF MOTHER	At place
at st		(State or Country) Scrmany	of deathyrsmosds.
P P P	14	THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, if not at place of dea.h?
200	1-0		Former or
sh		(Informant) totalkh Kreuner	usual residence
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m		Registrar	Inak Jassalm Je
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STATE OF MARYLAND

CERTIFICATE OF DEATH

ration Dist. No.

.Ward)

(if death occurred in a hospital or institu-tion, give its NAME is -stead of street and number.)

CATE OF DEATH

06011

attended the deceased from

Death, or, In deaths from of Injury and (2) Whether

Hospitals, Institutions, Trans-

In the State....

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY " "Weakness," etc., when a definite disease Chronic valvular heart Example: Measles (disease etc. The contributory affection need not Nomenclature of the disease;

8. No. 1

PLACE OF DEATH County Golle-	04001 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Catounulla (No.	St.: Ward) (If death occurred in a hospital or Institu-
Stanis lans John Klasmen.	TRETZ ME R tion, give its NAME irstead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White Single, Married, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH aful 23, 192 36. (Wonth) (Day) (Year)
6 DATE OF BIRTH Well, 1857 (Month) (Day) (Year)	that I last saw he alive on after 23, 19230
7 AGE If LESS than I day hrs. hrs. or min.	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work Blochsuelt	Conversseon
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Chronic Neffult
10 NAME OF FATHER LULL	(Signed) Warshall B warr M. D. Afred 23. 19230 (Address) Calounulle Up
OF FATHER (State or country) Services	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER L	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Services	At place of death yrs mos 2ds. In the State 50 yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Frank Krasmer	Former or usual residence Balto Co lud
(Address) 1720 Lakeride and	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4/26 , 1930
15 Filed 4/14 30 Allanden	William Franscourth 1818 Factor
If more banks are nearly, and there Kegistra	r, 16 W. Saratoga St., Barto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid intercurrent) affection need not be Chronic etc. valvular heart disease; Nomenclature of the The contributory Measles;

EXACTLY, P certificate proper be may be pinou that C terms suppile ESERVED 200 plai efuily n 2 MARGIN D W Should I inform 7 3 CIANS sho sho

instructions

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mporta

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death a hospital or institution, give its NAME I1 of street and stead number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Day) (Month) (Year) IIf LESS than and that death occurred on the 7 AGE I day hrs. The CAUSE OF DEATH min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Causing Death, I iscase er, in ARENT Causes, stats (1) Means of Injury and (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death. (State or country) Where was disease contracted, if not at place of dea.h? 14 THE ABOVE IS TRUE usual residence.

occurred in

(Year).

deaths from

(2) Whether

If more blanks are needed, addre-a State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state oc. upation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foremon, (b) Automobile foctory. The material whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, borer, Farm loborer, Laborer—Coal mine, etc. Womespecially in industrial employments, it is neces-For many occupations a single word or term on yrs. For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Exhaustion," "Heart lauure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepeis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvulor heart Nomenclature of the not be disease;

V. S. No. 1

PLACE OF DEATH	04002 STATE OF MARYLAND
County Dallwand	CERTIFICATE OF DEATH
Parlo Dil	Registration Dist. No. 400
Village or City/ Nallage (No No Nacl	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME WYNUL A. / VIO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White SINGLE, MARRIED, MOTICE OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Sekt 8, 869	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h A alive on 47
7 AGE If LESS than I day	and that death occurred on the date stated above, at
60 yrs. mos. ds. or min.?	THE CAUSE OF DEATH - Was as follows:
B OCCUPATION (a) Trade, profession or A Home	Cardiar Vilabatin
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos s ds
9 BIRTHPLACE (State or country) Maryland	Contributory Ulters - Schlerway by Chemic Rephistory Chemic Rephistory
10 NAME OF FATHER GLOSGE H Tribbe	(Signed) 6 M May la 24 M. D. (Signed) 1921. (Address) 15 28 6 3 3 4 4.
OF FATHER (State or country) Sermany	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Vaknow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) UNKNOWN	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Frederick C. Krotel	Former or usual residence
(Address) Kaskefrurg Ind.	Rion Sutheran Gineter april 24, 130
15 Filed 4/ 22 19230 9 a Fit	Tradrick Lassam tonstrulyton
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more previous and mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stited unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need not be

8 No. 1 >

1PLACE OF DEATH County Palling	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Parkton Mo. Ro 2FULL NAME Baby Krouf	te So 2 St.: Ward) (If death occurred In a liospital or institution, give Its NAME Is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	
male White (Write the word) Infant	June 22 (Day) /93/(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 22, 1930	
(Month) (Day) (Year)	that I last saw hamalto on Justin 1937
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
Sulf-oyres mos. ds. or min.?	asphysiation result
BOCCUPATION	of placental
(a) Trade, profession or particular kind of work	
(b) General nature of industry	Jalynor Mag
business, or establishment in which employed or (employer)	(Duration) yrsmosda.
9 BIRTHPLACE (State or country) Parkton, Baltofo, mg	Contributory Secondary (Durstion) yrs
10 NAME OF FATHER Cher Henry Brout	(Signed) Celbert 20 Hesses M. D.
IN II BIRTAPLACE	Jusa 23.190 (Address) While Hall brig
OF FATHER (State or country) Menembles 12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother many Jane Bailey	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Blue Lield Iva	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
(Informant) albert 20 Hesser In D	Former or usual residence 19 PLACE OF BURIAL OR REMOVAS DATE OF BURIAL
(Address) While Hall Ind	Stafferency Ceny Jung 23, 1930
15 Filed June 22 1988 m. Dorthes my	Fally albert Krons Parking To
If more blanks are needed, addre.s Ltate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. ho. I.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inarition," "Marasmus," "Old Age," "Shock," st_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Tnarition," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., oi .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Baltine	02646 CERTIFICATE OF DEATH
1.1.4 11 11 1	Registration Dist. No. 3
Village or Gity White Halls Ind	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Marcha C. Huch	tion give its NAME it.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 18, 1930 (Month) (Day) (Year)
Mov. 1839 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
90 yrs. 3 mos. 3 ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Chronic Holmlan huart disease
(b) General nature of industry business, or establishment in Which employed or (employer)	(Durstion) 3 yrs. mos. ds.
9 BIRTHPLACE (State or country) Bally to Ind	Contributory Secondary (Duration)yssmosds.
10 NAME OF FATHER Nicholas Stilly	(Signed) Milu Borton M. D.
OF FATHER (State or country) Ball to had.	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clenora Tooler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER (State or country) Back Co hid	At place of deat' yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs. Jrw. A. May 8	usual residence
(Address) While Hall, Hy	tosters any how to 130.
Filed May 25 1980 m. Borling hat	P. Machlur Low While Hall Inf
If more hanks are needed, addre a fate Registra	ar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material ment of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," American Medical Association.) approved (Recommendations on statement of cause of death carbolic acid—probably suicide. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Meusles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculpsis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic The nature of the injury, valvular heart etc. The contributory disease; not be

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7	PLAC	E OF DE	ATH		(188.0
,	lage or C	ityB	radshay Franki	No.	and the same of th
	PERS	ONAL AND	STATISTI	CAL PARTI	CULARS
	ale.		r or race	5 SINGLE, MARRIED, WIDOWED, OR DIVORO (Write the w	Single ord)
6 1	ATE OF B	IRTH	_		
		********	July	Io, J.8	396. 1
			(Month)	(Day)	(Year)
7 A	GE	35 y	rsr	nos	If LESS than I day hrs. ds. or min.?
p (l	articular k b) General usiness, or	profession of and of work nature of it establishme oyed or (emp	ndustry nt in	Carpent	er.
9 8	(State or	E country)	Hel:	land.	
	10 NAME FATHE	of Luk	e Kuch	arski.	
ENTS	OF FA		Hollan	nd.	
PARE	12 MAIDE OF MO	THER	Antoni	a Pawi	eka.
	13 BIRTH OF MO (State		Pela	nd.	
14	THE ABOV	E IS TRUE T	O THE BEST	OF MY KNO	WLEDGE
	(Informa		rs. S.M	. Malke	wski.
	(Ad	ldress)			
15	9-	- 17	10130.	1.7.4.	Horses P

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institu-St.: Ward) tion, give its NAME i stead of street and number.) MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATSEPT. 14/30. (Month) (Day) HEREBY CERTIFY, That I attended the deceased from that I last saw halive on The CAUSE OF DEATH * was as follows: Aute. Accident. Fractured Skull. Contributory Secondary State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State. At place of death Where was disease contracted, not at place of death? ormer or 9 PLACE OF BURIAL OR REMOVAL O UNDERTAKER W.W. Chambers. Washington

Registrar

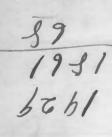
(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseer," etc., (a) Foreman, (b) Automobile factory. The Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive angineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the MSEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many (q) the kind of work and also (b) the -Coal mine, etc. materia Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Broachopneumonia ("Pneumonia,")



"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY for which surgical operation was under-Chronic valvular heart etc. The contributory affection need Nomenclature not be discase; death





SEE AFFIDAVIT of Mrs. J. D. Malkowski, sister of FRANCIS KUCHARSKI, filed under MALKOWSKI under date of December 11, 1930.

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V. S. No. 1

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acycles of at 1 last saw her		
he CAUSE OF DEAT	H * was as follows:	
Cuencon	(Duration)	
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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive (b) Grocery, engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenelature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bre chopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic The nature of the injury, etc. The contributory valvular heart disease;

V. S. No. 1

PLACE OF DEATH	13569 STATE OF MARYLAND
County Balla	CERTIFICATE OF DEATH
1-1-1	Registration Dist. No. 3 3
Village or City Messalam (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an
2FULL NAME JOHN 10 50	Muller number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MOVIED OR DIVORCED OR DIVORCED	16 DATE OF DEATH 2 2 4 , 19236
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month (Day) (Year)	0 2000 /2 19232. to 250 , 192,5
7 AGE INLESS the	
89 yrs. 7 mos. 4 ds. or min	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Refused Groave	Joffordas Incom
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos./d de
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstien) Z yrs moe de
10 NAME OF FICTURE & Sambert	(Signed) Morales M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER (allower (Ml More)	18 LENGTH OF RESIDENCE (Fer Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) (MAA noww	ients or Recent Residents) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease centracted, if net at place of death?
(Informant) Catharine 6: Sambyt	Former er usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / USBALIMONA MG	20 UN DERTAKER ADDRESS ADDRESS
Filed has 27 1923 & Special Registrar	1 F Eline Rustardours
If mere bianks are needed, address State Registi	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (18state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, first line will be sufficient, e. g., Farmer or Planter, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the Dispease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be tetapus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as etc. The contributory valvular heart disease;

PLACE OF DEATH County Colts	STATE OF MARYLAND CERTIFICATE OF DEATH
0	Registration Dist. No.
Village or City and allotinum (No. 600)	upfield Rd. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maler Winds (Write the word)	16 DATE OF DEATH 29 th, 1980 (Moth) (Day) (Year)
(Month) (Day) (Year)	that I last eaw ham alive on 1921, 1921,
7 AGE 18 OCCUPATION B OCCUPATION B OCCUPATION B OCCUPATION B OCCUPATION	and that death occurred on the date stated above, at 42 Pm. The CAUSE OF DEATH * was an follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) via I most de
which employed er (employer) 9 BIRTHPLACE (State or country) 10 NAME OF JE079E Lannullin	Contributory I do dec When a secondary Secondary (Signed) Way Henry Contribution of the contributory of
US 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mangt, Jollner 13 BIRTHPLACE OF MOTHER (State or country) State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Filed My 2, 1930 MA. Barpfay Registrar	19 PLICE OF BURIAL OF REMOVAL LOUIDOU VANK LUG, 1-1930 20 UNDERTAKER Mrs Chas Q & Rohde 2327 Educad
If more blanks are needed, addre a State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1. Acr

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever write Nonc. For many occupations a single word or term on yrs). For persons who have no occupation Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor meumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, approved telanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature Chronic and consequences (e. g., sepsis, affection need not be etc. The contributory valvular heart disease; etc., of of the

PHYSI-

Village or City Will Funta Road 2FULL NAME MANY IN 1 20119	O191 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 32 St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WOOW OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h le alive on and some 1920,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at A. m. The CAUSE OF DEATH was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Brimarely, gastria easeino no metastasses. H. liver, lunga, and aldominal visceral. (Duration) yes. Cons. G. d.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) Trostds
FATHER SURGE SURGE SURGES OF FATHER	(Signed) M. D. 1930 (Address) Manager M. Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country) frm any 12 MAIDEN NAME OF MOTHER Hama linalis	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) MM GMM	At place of death yrs. mos. ds, State yrs. mos. ds Where was disease contracted,
(Informant) Mr Mailis a Ross	if not at place of death? Former or usual residence
(Address) # 4606 Parks Hughts are	Druid Redge Curetry Jan 20 5 19 3. C 20 UNDERTAKER
Filed Registrar If more branks are needed, address State Registrar	A F Colum Rushing our MA r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; i the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesmon. without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (3) Grocery,

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> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Mcosles; approved (Recommendations on statement of cause of corbolic acid-probably sucide. The nature of the injury, decident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Whooping cough; Examples: Accidental drowning; Struck by rollwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., oi (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Chronic valvular heort disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

A.U. Y

f. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," "Deal-Civil engineer. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a Physician, For many occupations a single word or term on without more precise specification as Day Compositor, Stationary fireman, etc. But in many Architect, Locomolive engineer, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobor pneumonia Bronchopneumonia ("Pneumonia,")

approved by Committee on "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "(Exhaustion," "Heart "Old Age," "Old Age, atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepses, Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular heart Nomenclature The contributory disease;

STATE OF MARYLAND

		V11400
- O	PLACE OF DEATH,	STATE OF MARYLAND
>×	County Baltemore	
I	County / decenose	CERTIFICATE OF DEATH
- p		Registration Dist. No. 33
SE /	0 1 10	
F. 0	Village or City Ourngs Mulls (No.	St.: Ward) (If death occurred in a hospital or institu-
A Clarife Ite	1.1.	tion, give its NAME is -
X	2FULL NAME Virginia margar	el J. Lange stead of street and number.)
7 2 3		
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D'D'S	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
0 0 ×	WIDOWED.	may 25, 1930
d d	Temale White OR DIVORCED (Write the word)	(Month) (Day) (Year)
D a c	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
4 1	0111	May 17 1930, to may 25, 1930
S + C	Upril 7, 1922	
ha or	(Month) (Day) (Year)	that I last saw her alive on may 25, 1920,
Ot t	7 AGE [If LESS than	and that death occurred on the date stated above, at 4,05 f.m.
as ar	a I day bre	The CAUSE OF DEATH * was as follows:
ie ns	8 yrs. / mos. /8 ds. or min.?	, , , , , , , , , , , , , , , , , , , ,
pri i		0 00
tee	(IT. 1 military	Confermed dancey
y in	particular kind of work	Intestinal Obstruction
325	(b) General nature of industry Training School business, or establishment in	9.
ta	which employed or (employer) Ourngo willing	(Durstion)yrsmosde,
OTO		Contributory Bronche Pneumonia
T D	9 BIRTHPLACE (State or country) Baltimore, Ind.	Secondary 2
D W		(Durstion) yrsmosds.
Di Vie	FATHER PLANTED HILL DE LA LA LA	(Signed) George Comelairy M.D.
207	character, in, in, in, in, in,	may 25 1930 (Address) Owing Drulls, and
E E	OF FATHER	
SSS	Z (State or country) Baltimore, Med.	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
E X E	W 12 MAIDEN NAME O	Accidental, Suicidal or Homicidal.
A	of MOTHER Townse M. Pals	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
rte U2	13 BIRTHPLACE	ients or Recent Residents)
Sta	OF MOTHER Ballmore Jud	At place of death yrs mos 15 ds. In the 8 yrs mos 18 ds.
	(State or Country)	When we disease contracted 2/60
OTT	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	" " " " " " " " " " " " " " " " " " "
100	Institutional Records	Former or usual residence Baltimore, Ind.
e se	(Informant) Roseword State	
SE	I rain School; owings	
AA	(Address) wills for	Baltimore Dem May 28, 1985
いいな	15 2000 00000000000000000000000000000000	20 UNDERTAKER ADDRESS
1	Filed 123 1928 27 12 Comment	an el. L' an-el + 233 v delleron
20	Registra	The Emister Melley 2000
2	If more b.anks are needed, addre.s State Kegistrai	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

LY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR

CORD

S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Paysician, tl a pirst line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on 3/78). without more precise specification as Day Compositor, Architect, For persons who have no occupation Cotton mill; (a) Salesman. (b)
(b) Automobile factory. The Locomotive not gainfully em-(b) Grocery, materia engineer,

Statement of Cause of Death—Name, first, the DISEASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by (Recommendations accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association as fracture of skull, and consequences (c.g., sepsis, earbolic acid—probably duoide. Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; committee on Nomenclature of the Chronic The nature of the injury, etc. The contributory affection necd valvular Always qualify all heart disease; not be

0

1	1 PLACE OF DEATH	
Cou	nty Duchman	(
Villa	age or City Predale No.	7
	2 FULL NAME Infant C	ar
	PERSONAL AND STATISTICAL PARTICULARS	
3 SE	4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 p
6 DA	ATE OF BIRTH	17 /c
	(Month) (Day) (Year)	tha
7 AG	If LESS than 1 day, / hrs.	and
	yrs,	
3 19	CCUPATION a) Trade, profession, or rilcular kind of work	********
o (b) General nature of industry slaess, or establishment lo nich employed (or employer)	********
	(State or country) Maryland	c
	10 NAME OF Sense Constelles	(Signe
PARENTS	11 SIRTHPLACE OF FATHER (State or country) Many Care	11
PARE	of Mother Marie Solemans	18 LI
	18 BIRTHPLACE OF MOTHER (State or country) Many (one)	At p
	(Informant) March Congression (Informant)	When if no Ferm were
	(Address) Pellokburg	20
16 File	00 5/25 1030 & a Fit	20 U
	REGISTRAR	1

If mera blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred h St.;Ward) a hospital or institution. give its NAME Instead of street and number. MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from entributory Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, NGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS wee disease contracted, of nince of death?...

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseemployed, as At school or the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Toreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ete.), "Dropsy," "Anaemia" (inercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important, nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitual "Tumor" for malignant neoplasms); Meosles; Wheeping ges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercurtroin-accident; Revolver wound State cause for which Never report mere "Exhaustion," ACCIDENTAL,

V. S. No. 1

CO	EXA Iy cia
WRITE LY, WITH UNFADING INKTHIS IS A PERMANENT COI	N. BEvery item of information should be carefully supplied. ACE should be stated EXA CIANS should state CAUSE CF DEATH in plain terms so that it may be properly clistatement of OCCUPATION is very important. See instructions on back of certificat
KEN	be st be pr
MAI	uid I
PER	sho t it n s on
A	tha tion
3 18	so ruc
CHIS	pile rms inst
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Ö	State
	id in
TE	hou
VRI	IS 8
>	SiAN State
1	B 0 8
-	3

PLACE OF DEATH County Baltimore Village or City Hullerton (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Molowed OR DIVORCED (Write the word)	16 DATE OF DEATH 15, 1930 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 0, that I last saw h and alive on 192 0,
65 yrs. 5 mos. 21 de. or min.?	and that death occurred on the date stated above, at 2300m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Bulcher particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	chronic negropolities chronic mention your mos de.
9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Duration) yrs. mos 28 ds.
10 NAME OF FATHER ORIS Surmanna (S) 11 BIRTHPLACE OF FATHER (State or country) Sermany	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER of Merime Business 13 BIRTHPLACE OF MOTHER (State or Country) Sermany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of deathyrs
(Informant) This Fi. Helling	Former or usual residence
(Address) Filed 6/16 19230 9. A. Fritz M.D. Gegistrar	20 UNDERTAKER ADDRESS. FIREDE LASANCES FIREDE LASANCES OF THE LAST
If were bronks are maded address that Registres	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it Civil engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopheumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough, chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart Example: Measles (disease affection need not etc. The contributory Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1			
1	PLACE	OF	DEATH	
1		20		
Co	unty Da	ello	ngs	
	J			

STATE OF MARY

	CERTIFICATI	EU	r DEP
,	Registration	Dist.	No.

Village or City Colzate (No. 6720 Hola 2FULL NAME Caroline Lapin	Registration Dist, No. (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 26, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH 7 7 7 859 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the secensed from 193 to OUT. 2 6.0 1930 that I last saw h Walive on OUT 13 , 130
7 AGE 76 yrs. 7 mos. 7 ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work At Home	and that death occurred on the date stated above, at 4.15 P m.
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Sermann	(Duration) 5 yrs. mos. ds Contributory Secondary (Duration) yrs. mos. ds
10 NAME OF David Elle 11 BIRTHPLACE OF FATHER (State or country) Plussian Poland T2 MAIDEN NAME 12 MAIDEN NAME	(Signed) AMPLIEL M. D. Oct 27 1920 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsds. Stateyrsds Where was disease contracted,
(Informant) Miss Anny Lapin (Daufte) (Address) 6.720 Helalind A., Filed 10/27/30 Melalind A.,	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Trinity Cemetery 20 UNDERTAKER D. T. ADDRESS Beltimore St.

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Baltimore

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer ar Planter, Statement of Occupation-Precise statement of oc-Spinner, (b) Catton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Hausemuid, etc. If the occupation has been changed ployed, as At school, ar At hame. Care should be taken definite salary), may be entered as Housewife, Hausehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Campasitor, Architect, Locamotive engineer, whatever, write Nane. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Hame, and children, not gainfully em-Farm labarer, Laborer-Caal mine, etc. Womwithout more precise specification as Day (b) Autamabile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumania, Branchopneumania ("Pneumonia,

> approved by inges, peritonaeum, etc., Careinama, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritanitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapucumania (secondary), stated unless important. (secondary or intercurrent) affection need Whoaping caugh; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculasis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbalic acid-prabably suicide. The niture of the injury, accident; Revalver wound af head-homicide; Poisaned by or as prabably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of Examples: A ceidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus," "Old Age," "Shock, Committee on Example: Measles (disease etc. The contributory Nomenclature Always qualify all not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

PLACE OF DEATH	05290 STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. 33
Village or City Owney Vulla (No.	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Frances Lappe	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH May 6, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
January 2 1920	nov 17 1924. to May 6 , 1980.
(Month) (Day) (Year)	that I last saw her alive on May 5, 1920,
7 AGE If LESS than	
10 yrs. 4 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION .	Spastic Paraplegia
(a) Trade, profession or male particular kind of work	001111 5161
(b) deneral matter of mustry / ranning School	margature quegs
business, or establishment in which employed or (employer) Ourning Trulls, Ind.	(Duration) Jrs. femos. ds.
9 BIRTHPLACE (State or country) Balleniore Ind	Contributory Secondary Spilefled Counts of Duration)
1D NAME OF	(Signed) George C. Suedairy M. D.
on 11 BIRTHPLACE Jacob Lappero	May 6 190 (Address) Owner will, We
Z (State or country) Phela, Pa.	State the l'is ase Causing i)eath, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sarah Greenbaum	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) London, England	At place 5 yrs 11 mos 6 ds. In the 10 yrs 4 mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doah?
Institutional Records	Former or usual residence Baltimore, Ind.
(Informant) Reservoid State I raining	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) School ournes wells, w	Hebrew Washington Rd May 7, 1930
15 Filed Truy (1923 and Af millands)	2D UNDERTAKER ADDRESS
Registras	Jack Jewis 14396 Nallo St
If more blanks are needed, address Ltate Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the airst line will be sufficient, e.g., Farmer or Planter, work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g::ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken r," etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar : pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the tolanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Balto.	GO UIS CERTIFICATE OF DEATH
60	Registration Dist. No. 44
Village or City Cessex (No. Costery	& Deef Erech Cotes. Ward) a hospital or institu-
2FULL NAME John G. S.	tion, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Ante Single, MARRIED, MARRIED, WIDOWED. WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
nov. 6th 1866	1920. to all 79, 19230
(Month) (Day) (Year)	that I fast saw hour alive on Que 7 9, 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, at 4.15 P.m.
60 yrs. 2 mos. 2 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION mos. de. or min.?	STOWN TO THE STANCE OF THE STA
(a) Trade, profession or Storekerser	Alskind
(b) General nature of industry	
business, or establishment in Grand or (employer) Grand or (employer)	(Duration) yts. mos ds.
9 BIRTHPLACE	Contributory Justille A Calkins
(State or country) Lynnamy	(Duration) yrsmosds.
10 NAME OF	Hay The OD
FATHER Conrad Janes	(Signed) M. D.
OF FATHER	State the Disease Country Doth on in death from
OF FATHER (State or country) Jermany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER DE ALLEGAME	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease entracted, if not at place of dea.h?
	Former or
(Informant) Cirra Janes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Castern & Reef Creek aro.	Holy Pedeemer 2/1/ .30
	20 UNDERTAKER ADDRESS
Filed Jan 3/ 1980 JMG. Countly Registras	John G. Connelly Essex
If more banks are needed, address tate hegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (c) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salcsman, (b) nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective ef Poreman, (b) Automobile factory. The materia first line will be sufficient, e g. Farmer or Planter, For many occupations a single word or term on without more precise specification as Day If the occupation has been changed Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid eausing death), 29 ds.; Bronchopneumonia (seeondary), st.ted unless important. unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenelature Chronic valvular heart disease; etc. The contributory

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	PLACE OF DEATH	STATE OF MARYLAND
C	County Baltimore	CERTIFICATE OF DEATH
		Registration Dist. No. 30
Vill	lage or City Catorsville (No. Spring	from Hashiel St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	2 FULL NAME / duline & duay	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH March 7, 1920 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 1)	ATE OF BIRTH	706 15 1980, to March 7, 1930.
	Dec # , 1866 (Month) (Day) (Year)	that I last saw has alive on March. 7. 1980, and that death occurred on the date stated above, at 625 7. m.
7 A	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows: Actors Scherosic - Capillory
(i	CCUPATION a) Trade, profession or articular kind of work	7 ilozofia
М	b) General nature of industry usiness, or establishment in rhich employed or (employer)	Contributory Ch. Into Messacritics
9 B	IRTHPLACE (State or country)	Secondary
	10 NAME OF FATHER	(Signed) Dolof Common M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Lepmany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER unknown:	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Lermany	At place of death yrs mos 20 da. State 0 .yrs mos de.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mrs. Lena Inwald.	Former or usual residence 200 Moodboursale
	'Aldress) 908 woodhoone are	19 1-1 ACE OF BURIAL OR REMOVAL DATE OF BURIAL
1,5	riled 2/9 19 Registrar	20 UNDERTAKER ADDRESS
	- Copyrig	16 W Saratoga St., Balto, Requesting V 8 No I.
	die die needen, andress plate Registrar,	TO W SHIRLOGH St., Daito, Requesting V & NO L

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing beatif, gaged in domestic service for wages, as Scruunt, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer. Furm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health tired 6 urs.). For persons who have no occupation Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material fulness of various parsaits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Mcastes; Nomenclature of the American Medical Association.) head of "contributory." quences (e.g., sepsis, ictanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal seplicuenda," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory ingex, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consetrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway vulsions," Whooping cough; Chronic valvular heart Poisoned by curbolic acid-probably suicide. The na-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease discuse; (secondnot be "Con-

If this certificate is looked over efforoughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and was be obtained before the certificate is normance found.



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WRITE

PLACE OF DEATH County Datts	O2643 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 32
Village or Cit Misvelly (No. 725 Chu 2FULL NAME Eva May Lau	tion in the NAME I.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jimble Hhety (Write the word)	16 DATE OF DEATH March 29, 19230
6 DATE OF BIRTH (Month) (Day) (Year)	17 Per 1 HEREBY CERTIFY, That I attended the deceased from 1930. to March 29, 1923 () that I last saw her alive on Murel 29, 1923 ()
7 AGE 44 yrs. 6 mos. / 8 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Chrome Myorantis
business, or establishment in which employed or (employer)	(Duration) 3 y18 mos de.
9 BIRTHPLACE (State or country) Saltman Mule	Contributory Secondary (Durstion) (Contributory Secondary (Durstion) (Contributory Secondary (Durstion) (Contributory Secondary (Durstion)
FATHER HOMAS Laughler	(Signed) M. D. Mel 30 1930 (Address) Pollures Luy
OF FATHER Z (State or country) VI (aug 1) 12 MAIDEN NAME	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sabrily J. Fullerton	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Sultumor	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Cobroth 13. Laughlus	usual residence
(Address) W Church Laur	Loudan Pars Curley of 1, 10 30
Filed Weh do 192 30 Drob Wehat Registras	Har Vierner for North Rev
If more b.anks are needed, addre.s ! tate hegistran	, 18 W Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Never return "Laborer," "For man," "Manager," "Deal-Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The materia to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, Stationary freman, etc. But in many person, irrespective cf Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death (secondar) or intercurrent) affection need not be streed unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

Mr. Nickels & E. 1402 Resolustion Ro

V. 8 No. 1

1	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLYPHYSI	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exac		
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PLACE OF DEATH	STATE OF MARYLAND
County Dallo	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City levelle (No.725 Chur 2FULL NAME Sabrilla I homb	a hospital or institu-
The state of the s	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 132 36 (Month) (Day) (Year)
6 DATE OF BIRTH	17 A HEREBY CERTIFY, That & attended the deceased from
(Month) (Day) (Year)	that I last saw he alive on hear 13, 19236
7 AGE If LESS than I day	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Myseardity
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Bulling Shall	Contributory Surelly Secondary (Duration) yrs. mos. ds.
10 NAME OF Surger Fallharlan	(Signed) & & hichael M. D.
OF FATHER Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Isangua Thompson	Accidental, Suicidal or Homicidal. 18 Langth Of Residents (For Hospitals, Institutions, Transfients or Resint Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
anformant Kotch. W. Laughler	Former or usual residence
(Address) VVV Caurhhau	TOURSON POLL AND 19 50
15 Filed May 14 19230 DE E Mehor Registras	207 MACHER HAVE UN
If more blanks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Bulto. Requesting V. S. I.o. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e:ch and every person, irrespective cf state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

s, inal meningitis"); Diphtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia"); ferer (the only definite synonym is "Epidemic cerebroed term for the same dise_se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "(E:haustion," "Heart failure, "Isemorinage, "Transition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, st.ted unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.Y Chronic valvular heart disease; etc. The contributory

or E. E. Michals dita is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

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1930

V. S. No. 1

N. B.

PHYSI-

STATE OF MARYLAND
CERTIFICATE OF DEATH Registration Dist. No. 9 3
MD. St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year) (Y
that I last saw h alive on
(Duration)
(Signed)
At place of death
Where was disease contracted, if not at place of dea.h? Inknown Former or usual residence 10 PLACE OF BURIAL OR REMOVAL Caslow Maufant 20 UNDERTAKER Morum les 108W. Matthau ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewije, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomolive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age,
"Inanition," "Meakness," etc., when a definite disease
"Always quality all telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-(secondary Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic affection etc. The contributory valvular heart disease; Nomenclature need not be etc., of

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more branks are needed address State legistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer--Coal mine, etc. Womnot gainfully em-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Ursemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences e g., sepsis, carbolic acid-probably suicide. Then ture of the injury aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUMY State cause for which surgical operation was under-"PUERPERAL septicacnia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. All the data is esential and must be obtained before the certificate is permanently filed

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	PLACE OF DE	EATH			0
	County Balti	nore			
		***************************************	******************************		74
Vi	llage or City Lut			Cor. <u>Kur</u> E. Lawton	
/	PERSONAL AN				1
3 :		OR OR RACE	SINGLE.	35	16
M	ale Wh:		MARRIED. WIDOWED OR DIVORG (Write the w	CED	10
6	DATE OF BIRTH	The state of the s			11
	***************************************	Apr (Month	***********	, 1863 (Year)	th
7 /	67	yrs. 1	mos. 26	If LESS than I day hrs. ds. or min.	771
() ()	a) Trade, profession articular kind of wor b) General nature of usiness, or establishm	k industry ent in	Ret	ired	****
_	which employed or (em BIRTHPLACE (State or country)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. We at	Virginia	
	10 NAME OF FATHER		s T. La		(Si
RENTS	11 BIRTHPLACE OF FATHER (State or country)		Vermont		7
PAR	12 MAIDEN NAME OF MOTHER	Almira	Wheeler	r	18
	13 BIRTHPLACE OF MOTHER (State or country)	West	Virgin:	ia	At of Wi
14	THE ABOVE IS TRUE	TO THE BEST	OF MY KNO	WLEDGE	if.
	(Informant)Mrs.			vton	19
	(Address) Lt	thervi	lle, Me		:
15	Filed June 5	1920	11.1.6	Registras	29

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.(

Ward)

·a

North

Avest:

(If death occurred in

NAME George E. Lawton	tion, give its NAME is stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Single, Married Widowed. White (Write the word)	16 DATE OF DEATH Severe 4, 1980. (Month) (Day) (Year)
April 8 , 1863 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to RUN 4 , 1930, that I last saw humalive on June 4 , 1930,
67 yrs. 1 mos. 26 ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 11:36 Am. The CAUSE OF DEATH * was as follows:
ession or of work Retired are of industry blishment in or (employer)	(Duration) J yrs. mos. ds.
Grafton, West Virginia	Contributory Secondary Description Contributory Description desc
Charles T. Lawton	(Signed) flusselle & M. G. hull 5 1920 (Address) Darkou llike
ountry) Vermont	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Almira Wheeler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
West Virginia	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
rs. Theresa A. Lawton	if not at place of dea.h?
Lutherville, Me	Baltimore Cemetery 6/6, 19 30
5 1920 Mr. Suche Registras	Menty b. Mears and Son 80,5 M. Calvert
If more banks are needed, address Ltate Kegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 .yrsj. For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken laborer, Farm laborer. Laborer—Coal mine, etc. Women, at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager." "Deal-Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only whon needed. As examples: (a) sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (redefinite salary, may be entered as Housewife, Househousehold only mot paid Housekeepers who receive a additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEAS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Limbhheria avoid use of "Croup"); Typhoid fever never roport "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine dofinitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonibis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY perdonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; Measles; death

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[Approved by U. S. Census and American Public Health Assn.]

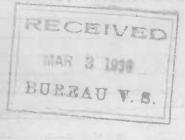
who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons of illness. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who "Dealer," etc., without more precise specification, as Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," dustry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, has been changed or given up on account of the DISbe taken to report specifically the occupations of receive a definite salary) may be entered as House-Day Laborer, work and also (b) the nature of the business or inemployments, it is necessary to know (a) the kind of man, etc. But in many cases, especially industrial word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, EASE CAUSING DEATH, fully employed, as At school or At home. Care should Locomotive Engineer, Civil Engineer, Stationary Firerespective of age. For many occupations a single persons engaged in domestic service The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the relative Statement of Occupation .- Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) Housework or At home, and children, not gain-Cook, Housemaid, etc. If the occupation If retired from business, that fact may be Farm Laborer, Laborer-Coal Mine, state occupation at beginning for wages,

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee phy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ason Nomenclature of the American Medical Associa-Poisoned amples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probcause for which surgical operation was undertaken certained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atro-Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial For VIOLENT DEATHS state MEANS OF INJURY and qualinephritis, etc. The contributory (secondary or inter--accident; Revolver wound of head-homicide; by carbolic acid-probably suicide. The "Inanition,

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN



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WRITE

-	PLACE OF DEATH	10155 STATE OF MARYLAND
	County Calturare	CERTIFICATE OF DEATH
	1 On A and a	Registration Dist. No. 44
	Village or City algale, M. (No. Mu	ward) (If death occurred in a hospital or institu-
1	2 FULL NAME Pance n. Leas	tion, give Its NAME is stead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jemale White Single, Married Wildowed. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, Thet I attended the deceased from
	Official 11, 1879	1920, to 1920,
	(Month) (Day) (Year)	thet I lest saw hallalive on April 1925
	7 AGE If LESS than I day hrs.	end that death occurred on the date stated above, at
	yrsmosds. ormin.?	-f
	8 OCCUPATION (a) Trade, profession or particular kind of work	Caroinoma o Preasto
	(b) General nature of industry	
1	business, or establishment in which employed or (employer)	(Duration)
	9 BIRTHPLACE (State or country) Jalance	Contributory Secondary (Durstion) yrs mos de.
	10 NAME OF Micheal Shochaes	(Signed) Parace B. Villary M. D.
	II BIRTHPLACE OF FATHER	192 (Address)
	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER China Nogeicehowsky	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desh?
	(Informant) aron Leach	Former or usual residence.
	(Address) Marte CHWest aves	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 Filed Left. 17 1923 o John G. Connelly Registras	20 UNDERTAKER ADDRESS SLONGE A Weber 705 & and st.
	If more banks are needed, address ttate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage,

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V. S. No. 1

PLACE OF DEATH	02649 STATE OF MARYLAND
County Beltines	CERTIFICATE OF DEATH
	Registration Dist No. 837
Village or City Coelcayou Qe (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Morch , 192/98 (Mouth) (Day) (Year)
6 DATE OF BIRTH F. L. 16 , 1859 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 192 to HOY 1980 that I last saw h 27 alive on 7 2 2 1920 3
7 yrs mos 13 ds. or min.? B OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows;
particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Callo Co., All.	Aleft breast Recurrence in agalland left hast after 20 months & Burnion 2 year of months of the Contributory of Manney or down
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Address) (Signed) (Signed) (Address) (Address) (State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Many Wooden 13 BIRTHPLACE OF MOTHER (State or country) Balto, Co., Ind	18 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
(Informant) Cockeypuille	If not at place of dea.h? Former or usual residence 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL OR COLLEGE DE BURIAL OR SEMOVAL DATE OF BURIAL
Filed Mach 3 1930 B A Registrar	20 INDERTAKER 20 INDERTAKER ADDRESS ADDRESS Sparles Vel
If more blanks are neaded, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colon_mill; (a) Sulesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more present coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrum, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physicion, Compositor, Architect, whatever. write Nonc. engineer, For many occupations a single word or term on ijrs). is very important, so that the relative health-Stationary fireman, etc. For persons who have no occupation person, irrespective of Locomotive engineer, But in many Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fewer (the only definite synonym is "Epidemic cerebross; inal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fewer never report "Typhoid Pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemourhage, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; inges, peritonacum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Whooping cough; State cause for which surgical operation was under-"Exhaustion, Chronic interstitiol nephritis, American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopncumoniu (secondary), or intercurrent) affection need not be Committee on Chronic valvular heart disease; etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the duta is exsential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	04003 STATE OF MARYLAND
County (Salfural	CERTIFICATE OF DEATH
	Registration Dist, No. 2
Village or City Candallsfanor 2 2FULL NAME Catherine L.	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE MARRIED, VIOLONICO OR DIVORCED (Write the word)	16 DATE OF DEATH April 23, 1930 (Month) (Day) (Year)
G DATE OF BIRTH July 10, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decommed from 192 , to
7 AGE 69 yrs. 9 mos. 3 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Uculi dilation of head
business, or establishment in which employed or (employer)	(Duration)yrs ds.
9 BIRTHPLACE (State or country) maryland 10 NAME OF FATHER PLACE 11 BIRTHPLACE 11 BIRTHPLACE	Contributory Secondary Duration yrs mos ds. (Signed) Trochawly from the Dr. D. (Signed) O(Address) Described to
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Piscase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sabelle Sames	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place
OF MOTHER (State or country) havy loud	of death yrs mos ds. State yrs mos ds.
(Informant) Puff Q Clavelly	if not at place of dea.h? Former or usual residence.
(Address) (Randall Horon)	Survigable Cens. She 261930
15 Filed Wry 192 20 Mm. Buy few Registrar	Helv & Son Systemille
f more banks are needed, addre. a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never-return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. to report specifically the occupations of persons en-Laborer, borer, Farm laborer Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Grocery;

Strtement of Cause of Death—Name, first, the DIS-EAR ECAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Canger" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death approved by Committee on Nomenclature of the Whooping Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

American Medical Association.)

If the certifying it broked over aboroughly and all questions around in letait, it will prevent furth correspondence. All the date the essential and make obtained before the certificate is pernanently film.

HYSI-Exact

PLACE OF DEATH	04004 STATE OF MARYLAND
Couply altiniae	(46) CERTIFICATE OF DEATH
Eda Storage	Point Red on West No. His death occurred in
Village or City Genere (No Sparrow	St.: Ward) (If death occurred In a hospital or institution, give its NAME Instead of street and
2FULL NAME Catherine May Le	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female W. Single, MARRIED, MUDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Offil 2 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Jen 1905 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from 130 to July 2, 130 that I last saw her alive on 1900 2 1930
(Month) (Day) (Year)	10 24
1 dayhrs	
yrs mos ds. or min.	Squamous cell carcenoms
8 OCCUPATION (a) Trade, profession or 11	f of cervix esteri.
particular kind of work Housework at	Teresal abdound metasta
(b) General nature of industry	(During) ?
which employed or (employer)	Contributory Nagural & Recal
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Durstion) yrs mos d. ds.
FATHER GEORGE Therrick	(Signed) Docus M. D.
OF FATHER (State or country) Jalem Com.	*State the Disease Causing Death, or, in deeths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME V OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Baltimore	At place of death yrs mos. ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
74 R. 1 W L.	Former or usual residence
(Address) Edgemere Ind	19 PLACE OF BURIAL OR REMOVAL
PA.	117 armel Upril O. 1930
15 Filed JN, 4 19230 GMO omics (m)	John & Denny 75 Light St
If more bianks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more, Laborer—Coal minc, etc. laborer, Farm laborer, Laborer—Coal minc, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, (b) Automobile factory. The material engineer, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in Locomotive engineer, Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Chronic " "Old Age, " "Shock," etc. The contributory affection need not be valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	-	N.BEvery item of information should be carefully supplied. ACE should state CAUSE CF DEATH in plain terms so that it
	(7	Z)
	1 "	1

V. S. No. 1

PLACE OF DEATH County Control	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Granite (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and
	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, White (Write the word) Surgle	16 DATE OF DEATH (Month) (Day) (Year)
May 22, 1924	17 I HEREBY CERTIFY, That Lattended the deceased from 20 180. to 23, 1930
(Month) (Day) (Year)	that i last saw hunalive on Mora 23 1980,
/ AGE If LESS than I day hrs. or min.?	and that daath occurred on the data stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Scarlet Javes
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 6ds.
SBIRTHPLACE (State or country) Ml.	Contributory Secondary Destion yrs
10 NAME OF FATHER Alfred a Leberrouse	(Signed) M. D. M. D. (Address) Raudallstran
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mortha Fisher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Racent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1. I. A. Lehmann	Former or usual residence
(Address) Statite III.	grante Pres. Even nov 23, 1930
Filed 23 19230 h. h. Buffer Registrar	Y Lear & Son Due Sykraville
If mora bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. But in many

Typhoid fever (never report "Typhoid Pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death 'tetanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o "E:haustion," "Heart failure," "Iaemorrage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart Example: Measles (disease etc. affection need not Nomenclature of the The contributory disease;

permanently filed cata is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

	1PLACE OF DEATH	12206 STATE OF MARYLAND
-	County Dellience	CERTIFICATE OF DEATH
	1 9 1 1 11	Registration Dist. No. 4
	Village or Cityaurstowner 211 Ha	Rel Use St.: Ward) (If death occurred in a hospitul or institution, give its NAME instend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Female White SINGLE, WIDOWED. (Write He Word)	16 DATE OF DEATH O 17, 1936 (Month) (Day) (Year)
	6 DATE OF BIRTH 91 18	17 O HEREBY CERTIFY, That I attended the decessed from 12 1930 to Oct 17, 1930
	(Month) (Day) (Year)	that I last saw her alive on Oel 5, 1950
	7 AGE CATALOGUE GENERAL I day	and that death occurad on the date stated above, at
	6 Syrs. mos. 2 ds. or min.?	appoplefy.
Se ac will	BOCCUPATION (a) Trade, profession or	
100	particular kind of work (b) General nature of industry	
-	business, or establishment in which employed or (employer)	Contributory arterio Selevoris
	9 BIRTHPLACE (State or country) Wayland,	Secondary (Duration) yrs mog de
	10 NAME OF Shields.	(Signed) Manuecce Wheelen M. D. Och 17 1920 (Addres 7 910 Kolley Finy R
	OF FATHER (State or country) (State or country)	*State the Disease Causing Death, Son doors from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER Luckoun	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant tred - Juninger	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 11 Hazel ave	abungdon M.E. Centery Cet 19 20
	15 File Oct 18 1923 & Ser Smile for	Louard & Me Coulas abingdon Md
	If mora branks are needed, address State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient. e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) who are engaged in the duties of the Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, As examples : (a)

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. E. amples: Cerebros pinal Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia" to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebro-("Pneumonia,"

> "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Iraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure, "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traindiseases Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ol American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on cough; Chronic valendar heart disease; etc. The Nomenclature of the contributory

data is essential and must be obtained before the certificate in answered in detail, it will prevent further correspondence. permanently filed. certificate is looked over thoroughly and all questions



Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and aumber.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) HEREBY CERTIFY, That I attended the deceased from the companies of
(Month) (Day) (Year) HEREBY CERTIFY, That I attended the deceased from the local saw healive on may 20 192 Coath occurred on the date stated above, at the process of the process of the process of the local saw healing on the date stated above, at the process of the process o
(Month) (Day) (Year) HEREBY CERTIFY, That I attended the deceased from CC 1929, to May 20 1920 saw h alive on May 20 1920 sath occurred on the date stated above, at # Pro E OF DEATH A was as follows:
(Duration)
of Residents) In the State, yra. mos. do. do. do. do. do. do. do. do. do. do

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of cupation is very important, so that the relative healthcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner_ (b) Cotton mill; (a) Salesman, (t) Crocery; zhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it r ture of the business or industry, and therefore an mary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite saiary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ pations of persons enwhatever, write None. .. red & yes.). neiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc For many occupations a single word or term on For persons who have no occupation But in many

Bitacement of Cruse of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarconia, etc., of unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Chronic interstitial nephritis, etc. The contributory rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia (name origin; "Cancer" is less definite; avoid as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, of taken. For violent duaths state means of injunt State cause for which surgical operation was under-"Purperal septicaemia," "Purperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Aiways qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.) (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuil, and conse-Poisoned by carbolic acid-probably sulcide. The na-Examples: Accidental drowning; Struck by railway -accident; Revolver wound of head-homicide; (Recommendations on state-Example: Measles (disease (second-(merely not be

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RITERA

<u>></u>

	PLACE OF DEATH	02106 STATE OF MARYLAND
1	120 time	CERTIFICATE OF DEATH
X	County County	Registration Dist. No. 3
	Randallation	Registration Dist, 140,
V	Village or City Mulacus Organia,	St.; Ward) (If death occurred in a hospital or institu-
	81 192 40	tion, give its NAME in-
	2 FULL NAME SINGLA TRANSC	number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	4 COLOR OR RACE 5 STREETS	16 DATE OF DEATH Told 1/ 32
	MARRIED, WARRIED, WARRIED,	(Mouth) (Day) (Year)
1	Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	Feb 11 1930 to Feb 11 1986
	aug 2 868	that I last saw hamalive on Felal (, 198 (
1 _	(Month) (Day) (Year)	100
7	AGE If LESS than	and that death occurred on the date stated above, at
	6 6 9 I dayhrs.	The CAUSE OF DEATH & was as follows:
8	OCCUPATIONds.lords.lor	(0000)
X	(a) Trade, profession or Lasmer	coma punornage
-	(b) General nature of industry	4
business, or establishment in which employed or (employer)		(Duration)yrsmos/2 ds.
9 HIRTHPLACE (P)		Contributory Secondary
	(State or country) Tockville hontgomely	
-	10 NAME OF O	(Duration)
	FATHER hoah Leuse	(Signed) M. D.
	11 BIRTHPLACE OF FATHER	The (Address Address A
1	(State or country) Lemany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
	12 MAIDEN NAME Barbara Aigler	Accidental, Sulcidal or Homicidal.
1	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	OF MOTHER (State or country) Germany	At place of death yrs. mos da. State I I ys mos da.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) mis amelia L. Leuze	Former or usual residence
	() A I MIT A	19/PLACE OF BURIAL OR REMOVAL.
	(Address) Jan Rullstown Ms	Into Och a Role Tale 111 2
15	1121 20 M. h. 19 16 -1	20 UNDERTAKER ADDRESS
	Filed 192 Registrar	la 10 a) & mozum althe
=		JOSINCON MORIZELLOS
	7 Fift more blanks are needed, address State Registrat.	A6 W. Saratora St. Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestie service for wages, as Servant, Cook, Whatever, Write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never returu "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an worked on may form part of the (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, cases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation second statement. But in many The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenelature of the American Medical Association.) ment of eause of death approved by Committee on head of quenees (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the eause. Always qualify all State cause for which surgical operation was underrhage," "Inanition," "Marasınus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory vulsions," inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Caneer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "eontributory." "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles Struck by railway "Coma," The na-Measles; (merely (second-(disease "Con-

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V. S. No. 1

PLACE OF DEATH County / Ballemare	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Ruffor (No. B.	Registration Dist. No. (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Visite the word) 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 5., 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 5 yrs. 10 mos. 19 ds. or min.?	and that death occurred on the date stated above, at 4 Cg. m. The CAUSE OF DEATH * was as follows: Hell feath a
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Pesco M Severing (Address) Boyer are, Reylon	Former or usual residence 19 BOACE OF BURIAL OR REMOVAL DATE OF BURIAL Price Months 19 DO 7-, 1930
If more b.anks are needed, addre.s: tate Negistrar	20 IN DERTAKER SHIFT THE STATE OF THE STATE

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will-be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, (b) Automobile factory. The material Architect, Locomolive engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemiz cerebrospinul sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory Whooping cough; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," elc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic affection need not be valvular heart disease;

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S. No. 1

- ...

PLACE OF DEATH County Balto	06488 ST.
1	leasant Sanat st.
2FULL NAME Joseph Lev	in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE
Male White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTI May 25 192 that I last saw h Long alive
7 AGE 51 yrs. 2 mos. 2 ds. or min.?	and that death occurred on the CAUSE OF DEATH * was
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 10 NAME OF LEVIN	(Signed) Dr. albert 7 June 19 1923 (Address Company of the Disease (1) Accidental, Suicidal or Homical BLENGTH OF RESIDENCE
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos. 25. Where was disease contracted, if not at place of death?
(Informant) J. Lewis (Address) 1979. Balto St. Filed June 19 1923 6 17 Moses. Registrar	Former or usual residence 20 W. 6. 19 PLACE OF BURIAL OR RE 20 UN DERTAKER 20 LA PROPERTIES PROP

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	ist. No. 33
Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)

EBICAL	CERTIFICATE	OF DEAT	1
6 DATE OF DEATH	Juno	19	, 19230
4	(Month)	(Day)	(Year)
17 I HEREBY CO	eRTIFY, That I	wne 19	deceased from f, 1923 (
nd that death occurred	d on the date stat	ed above, at .	10.30 P. m.
The CAUSE OF DEATH			
Chron	è myoe	andit	is
	(Duration)	O yrs.	mosds.
Contributory Secondary	***************************************	•••••••	•••••••••••••••••••••••••••••••••••••••
Signed) Dr. alber			L. M. D.
June 19 19230	(Address) mt	Pleasant.	Reisterstow
*State the Diser Violent Causes, state Accidental, Suicidal or	ase Causing Deat (1) Means of Homicidal.	h, or, in d Injury and (eaths from M2 2) Whether
8 LENGTH OF RESIDENTS OF RECENT RESIDENTS		pitals, Institu	atlons, Trans-
At place f deathyrsmos	25 ds. In t	he tateyrs	ds.
Where was disease contract not at place of death?.	ted, Balto	· md ·	******* · * * * * * * * * * * * * * * *
ormer or 20 W	Oliver	**********************	******************
9 PLACE OF BURIAL	OR REMOVAL	DATE O	F BURIAL
Workmer	rouch	6/20	0 , 1930
Jorek J		ADDRESS	to st
of the last	new .	ordi	100/11

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, where, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Always qualify all

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CAUSE N is very

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH MA

6		1—PLACE OF DEATH	REGISTERED NO. 30
A STA		(n) +	(If death occurred in
very noul	(HTY OF BALTIMORE: (No. 15 Symingler	WARD) a hospital or institu- tion, give its NAME
Eve S sho		2-FULL NAME Mrs. Telderick	instead of street and number.)
of of	1	(a) RESIDENCE NO. /15 Summer ten au	e st & spanville mo
ECO SICI ment	/,	(Usual place of aboue) ength of residence in city or town where death occurred 76, rs mos	(If non-resident give city or town and State) ds. How iong in U. S., if foreign birth? yrs, mos. ds.
TT RI PHYS		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
t st	3	SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, Awrite the word)	16 DATE OF DEATH (month, day, and year) Dec 16-193
ANI Xac	-	to WI Widows	17
RM. ACI	5 h	If married, widowed or divorced A. f.	II E R E B Y C E R T I F Y That I attended deceased from
E E E E E E	_	(or) WIFE of Week All	that I last saw h. LA alive on D. L. 16
r C	6	DATE OF BIRTH (month, day, and year) July 17-1854	and that death occurred, on the date stated above, at
S IS stat iy cl	7 .	AGE Years Months Days If LESS than 1 day,hrs.	The CAUSE OF DEATH* was as follows:
L'HI I be	_	/6 4 30 ormin.	arunama of head of
oulcord ficat	8	OCCUPATION OF DECEASED (a) Trade, profession or	Janesees /
E P S P S P S P S P S P S P S P S P S P	1	particular kind of work	
of a AG	21	(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (duration) yrs (duration) ds.
ack it	M	(c) Name of employer	(Secondary) (duration) yrs mos ds.
pplic tha	9	BIRTHPLACE (city or town). Bulto md	18 Where was disease contracted
H U H		(State or country)	if not at place of death? Date of Date of
fully erm ctio		10 NAME OF FATHER THAT	Was there an autopsy?
ared in the	IIS	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis Illautant
pla c	REN	(State or country)	(Signed) luqueline / / Jons chul Ma
uld b H in B	PA	12 MAIDEN NAME OF MOTHER	. It Rays Edmond son and
E PL shoul ATH		13 BIRTHPLACE OF MOTHER (city or town Bull Mul.	*State the Disease Causing Death, or in deaths from Violent Causes,
RIT ion DE orts	14	(State or country)	state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
mat OF	1.4	Informant Mis Sturry Wilsseld	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
-B	15	(Address) 1/3 Symmetry we	1 Jewes wenty 2/8/30
Z		Filed IC 1930 Mall fold Registrar	20 UNDERTAKED January S ADDRESS ADDRESS
1 2		Registrar	The same of the sa

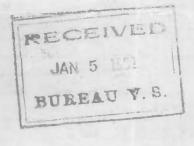
[Approved by U. S. Census and American Public Health Assn.]

EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who Never return Laboret, considering as "Dealer," etc., without more precise specification, as the Laborer, Labore Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," vided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) work and also (b) the nature of the business or inman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireword or term on the first line will be sufficient, e. g., respective of age. For many occupations a single The question applies to each and every person, irhealthfulness occupation is very important, so that the relative indicated thus: Farmer (retired, 6 yrs.). For persons has been changed or given up on account of the DISreceive a definite salary) may be entered as Housewho have no occupation whatever, write None. fully employed, as At school or At home. Care should Statement of Occupation .- Precise statement of fe, Housework or At home, and children, not gainand therefore an additional line is proof various pursuits can be known.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be as-"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Exsulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State current) affection need not be stated unless important nephritis, etc. The contributory (secondary or inter-Chronic valvular heart disease; on Nomenclature of the American Medical Associastatement of cause of death approved by Committee neture of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on -accident; Revolver wound of head-hom.
Poisoned by carbolic acid-probably suicide. amples: Accidental drowning; Struck by railway train For VIOLENT DEATHS state MEANS OF INJURY and qualicause for which surgical operation was undertaken certained as the cause. Always qualify all diseases re-Example: Measles (disease causing death), 29 ds.; Chronic interstitual head-homicide;

Additional space for further statements by Physician



S No. 1 0

PLACE OF DEATH	STATE OF MARYLAND
County Pallansone	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Duredalk (No. #/	Udmird Blad: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Month) (Year) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Gun 1857	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or	Coronary Embolus
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) O yrs. O mos O de.
which employed or (employer)	attains 11
9 BIRTHPLACE (State or country)	Contributory Secondary
Jenn	(Duration) mosds.
10 NAME OF FATHER STITUTE PLANE	(Signed) M. D.
M 11 BIRTHPLACE	(MA) 190 V(Address) TAMANA 1914
State or country)	Violent Causes, state 11 Michis II Injury and (2) Whether Accidental, Jaio 11 Constitution of the Constitu
OF MOTHER Softena + orming 481	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds.
(State or Country) Tunn	Where were disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Insuin 4 Chronis	usual res.dence
(Address) H. T. Clessinal Blodg	Parkwood aug 4, 1930
15 Filed 8/3/80192 Magnetin	John Denny, 715 Light Se
If more b.anks are needed, addre.s Ltate negistra	, 16 W. Saratoga St., Balto., Lequesting V. S. 1.0. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton Physician, Compositor, Architect, Locomolive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation mill; (a) Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

PLACE OF DEATH	
County Baltimore	
Village or City Brooklandwille	-
FULL NAME HENRIEtta L	6
PERSONAL AND STATISTICAL PARTICULARS	
S SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED, OR DIVORCED (Write the word)	16
6 DATE OF BIRTH	1
(Moath) (Day) (Year)	f
7 AGE [If LESS than I day hrs. or min.?]	T
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Dallimore 60	9
1 10 NAME OF E.	
FATHER Henry & romharde	2(5
OF FATHER Z (State or country)	.2.
of Mother Miss Quartz	18
13 BIRTHPLACE OF MOTHER (State or country) State or country)	A of
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	if Fe
(Infe mant) Wim Long	us 19
(Address) Brooksanwille	0
Filed Dec 10 1980 Vful Cutter Oct	20

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death occurred in a hospital er institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	December (Month)	(Day)	1:30 .
July 9	CERTIFY, That I at	tended the de	
	alive on Ale		1300
The CAUSE OF DEAT	TH * was as follows:		
Care	mona	Faux U	(eele)
of right side of	face (Duration)	yrs n	nosd
Secondary	(Duration)	yra A	n.od
Ele 10, 1936	2. (Address) Low	boy.	eua
*State the D Violent Causes, s Accidental, Suicidal	Discase Causing Death tate (1) Means of lor Homicidal.	, or, in des	ths from) whether

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the place . yrs......ds. ... yrs......nos... here was disease contracted,

not at place of death?.

ual residence.

If more banks are needed, address State Registrap, 16 W. Saratoga St., Balto., Requesting

No. เข้ statement

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (h) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: a whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. business, that fact may be indicated thus; Farmet Housemaid, etc. If the occupation has been changed Civil engineer, Stationery foreman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport to know (a) the kind of work and also (b. For many occupations a single word or term on Farm Ichorer, without more precise specification as Luy specifically the occupations of persons en-For persons who have no occupation Laborer-Coal mine, etc Locomotive engineer ma teria Grovery. Trom-

Statement of Cause of Death—Name, first, the DISSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros pinous fever (the only definite synchym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"), phoid fever (never report "Typhoid Pneumonia"); and pneumonia. Bronchopneumonia ("Pneumonia, it

answered in detail, it will prevent further correspondence. A lithe

permanently filed.

American Medical Association.) If this certificate is looked over thoroughly and all questions as fracture of skull, and consequences (e.g., separa, telupus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," Haemorruage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. (Recommendations on statement of cause of carbolic acid—probably suncide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) inges, peritonacum, etc., Carcinoma, Sarcona, etc., of (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; 'Congenital,' "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic Example: Measles (disease The nature of the injury, affection etc. vulvular heart The contributory Always qualify all need Measles: disease; not be

V. S. No. 1

Village or City Rus tars (Norm RF	10156 D m Yong	CERT!FICAT	MARYLAND E OF DEATH Dist. No. 10 10 10 10 10 10 10 10
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
Jemel 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Sept (Month)	26 , 1930 (Day) (Year)
Month) Dec 28, 1857 (Month) (Day) (Year) 7 AGE If LESS than	17 I HEREBY 24 that I last saw h 11 and that death occurrent	CERTIFY, That I a	tended the deceased from 4W 26 1930
72 yrs. 8 moa. 28 ds. or min.? S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH As- avst	was as follows:	vosvo ieurėj 5. yrs. mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER S ar ah Hare	18 LENGTH OF RESI	case Causing Death te (1) Means of I r Homicidal.	yrs nos ds. Non M. D. Reyphili M. Jordan G. Whether Market M.
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wharles Force)	ients or Recent Resi At place of death yrs	sds. In the	e ateyrsmesde,
(Address) Rus tras form \$15 Filed \$1920 3 Been \$20, Registrer If more branks are needed, address State Registrer	19 PLACE OF BURIAL PACE W. PO INDERTAKER FOLY BUR W. Saratoga St., B.	OR REMOVAL P. Coveling Sous Bloom, Requesting V.	Sept-291930. ADDRESS Jown DV

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (in the fact of the fact business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Form loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engincer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Physician, Compositor, Architect, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary firemon, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebros pinel fever (the only definite synonym is 'Epidemic cerebros spinal meningitis''); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia")

American Medical Association.) approved telanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably sucide. The nature of the injury. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Nannition," "Marasmus," "Old Age," "Shock," Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonoeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on etc. Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1930

OCT

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Haltemot	CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Satoner Co(No. Apring S	Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of streat and
2 FULL NAME Hophie Long	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formule White Single on Divorced (Write the word)	16 DATE OF DEATH 200
G DATE OF BIRTH Aury 6 , 186/ (Morth) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 1926. to 2000, 1923 g that 1 last saw h alive on 2000, 1923 g
7 AGE G9 yrs. 9 mos. 27 ds. or min.?	and that death occurred on the date stated above, at 103 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry	attend School
business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory And Alas Alas Care
10 NAME OF PATHER 2	(Signed) (Doctor M. D. D. (Signed) (Signed) (Doctor M. D. D. (Signed) (Doctor M. D. (Signed) (Docto
11 RIPTHPIACE	9101 3 1930 (Address) Catonarile Me
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Willianna V. Magan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place 4 yrs Omos des. In the States Oyrs mos des.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, I have the first of death?
(Informant) Edus. D. Long hepken	Former or usual residence Trappe and
(Address) Larchmont & y,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
is Filed ou 3 1930 (Mass talet	20 UNDERTAKER ADDRESS
Registrar	Manuel Eljurano Trappe Ma
If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

2 CAP FOLLS

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm luborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) The ques-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association. approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease; not be



PLACE OF DEATH,	OS 400 STATE OF MARYLAND
County 13 alternace	CERTIFICATE OF DEATH
	Registration Dist. No. 43
Village or City fulleran (No. Bela 2FULL NAME Catherine Man	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wildowsol OR DIVORCED (Write the ward)	16 DATE OF DEATH 76 4 7 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Lety Ludmany 1857 (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 20 1929. to Flory, 1920, that I last saw he alive on Feb 42, 1930,
7 AGE [If LESS than I day hrs. or min.]	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Jan + glands of weeke [Duration] 2 yrs. mos. ds. Contributory Metastuse which lung
(State or country) 10 NAME OF FATHER David Brieg 11 BIRTHPLACE OF FATHER (State or country) Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	(Signed) (Duration) yrs dos. (Signed) (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Catherin Curry for 13 BIRTHPLACE OF MOTHER (State or Country) Teland	At place of deathyrsmosds. Where was disease contracted,
(Informant) Beston & Spicholls (Address) Full Exton (Md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Wilmington belawace Feb 7, 1930
15 Filed 2/4 1930 D Ch Futzegistrai	Wilminglindelayer
If more b.anke are needed, addre. s Ltate kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cl cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on yrs). For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"E haustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E haustion," "Heart failure," "Iiaemorrhage," accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Always qualify all

If this certificate is tacked over thoroughly and all qu stions answered in detal, it will prene further correspondence. All the data is essectal and must be obtained before the certificate is permanenty filed.

Vill	lage or City Reisterstaurs (No Jewish Hon 2FULL NAME Lee Lowenthal	Registration Dist. No. 33 (If death occurred a hospital or institution, give its NAME it its and of number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH February // , 1930 (Month) (Day) (Year)
6 D	February 24, 1879	17 I HEREBY CERTIFY, That I attended the deceased fro February 25 1929 to February 1, 1980 that I last saw h invadive on Felor warry 1, 1980
7 A	50 yrs. // mos. /6 ds. or min.?	and that death occurred on the date stated above, at 12:20 f. The CAUSE OF DEATH * was as follows:
(b)	Trade, profession or Sollector Of General nature of industry usiness, or establishment in hich employed or (employer)	(Durstion) 2 yrs. // mos. / 7
S	(State or country) Maryland 10 NAME OF FATHER Levi Lowenthal 11 BIRTHPLACE	(Signed) albert F. Shrier M. Feb. 11 1930 (Address) Reisterstown, Md
\vdash	OF FATHER (State or country) Holland 12 MAIDEN NAME Theresa Samuels	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AREN	- nouse varilles	ients or Recent Residents)
LUI.	13 BIRTHPLACE OF MOTHER (State or Country) Olsace	At place of death yrs. // mos. //ds. In the State 50 yrs. // mos. / 6.
PARE	(State or Country) Olsace THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Deceased: Lee Lowenthal (Address) 2231 6. Manument St.	At place // /4 In the Co // //

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The materia. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a whatever, write Nonc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

hly and a'l questions espondence. All the re the certificate is

Jennels Ser 11:15

inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. "Inanition," "Wakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory approved (Recommendations on letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medicar Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by or intercurrent) affection need not be Commercee statement of cause of Example: Measles (disease omenclature of the Measles;

PLACE OF DEATH	STATE OF MARYLAND
County & allemore	CERTIFICATE OF DEATH
0	Registration Dist. No. 30
Village or City Catonsir Co. Africa 2FULL NAME Maggie J. Lie	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fence White Single, Married WIDOWED. Married (Write the word)	16 DATE OF DEATH July 16, 19830 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the decensed from 19230 to 19230 that I last saw h 2 alive on 2000, 1920
7 AGE 72 yrs. 5 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Cerbal Embolism
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Color Decondary (Duration) 2 yrs. mes. ds.
10 NAME OF FATHER Same Boston 11 BIRTHPLACE	(Signed). (Signed). (Address) Carrello M. D.
State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dovoth, Claron	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. 5 mos. ds. In the State 2 yrs. 5 mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted it not at place of dea h?
(Informant) Jos. T. Lucas	usual residence Date of Burial OR REMOVAL DATE OF BURIAL
(Address) 706 S 20 At.	modlam Cen 7/19. 30
Filed 7/6 193 Alaska	20 UNDERTAKER ON 1217/A Paul
If more blanks are needed, addre. s Ltate Negistran	r, 16 W. Seratoga St., Balto., Lequesting V. S. No. 1. Balting

(Approved by U. S. Census and American Fublic Kealth Association.)

sary to know cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As exemples: (a) Swinner, (b) Colton mill; (a) Sulesman, (b) Grocow; additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary froman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. . Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quesor given up on account of the DISTASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons cuployed, as At school, or At home. Care should be taken work, or At Home, household only (not gaid Housekeepers who receive a ." etc., Forenan, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification, as Day who are engaged in the duties of the (b) Automobile factory. The material (a) the kind of work and also (b) the and children, not gainfully em-Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEA S CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fe er (the only definite synonym is "Epidemiz cerebros, inal maningitis"); Dimilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Pronchopneumonia ("Pneumonia,");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. valvular heart Nomenclature The contributory disease; as

If this certificate is looked over moroughly and all qu stions answered in detail, it will prevent urther correspondence. All the data is essential and must be represented before the certificate is permanently filed.

PLACE OF DEATH	0193	STATE OF MA	ARYLAND
County Baltrings	THEO.	CERTIFICATE	OF DEATH
		Registration I	Dist. No. 4
Village or City Anndalk (No.	85 Dundaily as	Sts. Ward)	(If death occurred in a hospital or institu- ilon, give its NAME in-
2 FULL NAME UNN OF	checca Justy	***************************************	-tead of street and number.)
PERSONAL AND STATISTICAL PARTIC	CULARS MED	ICAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	7//:/ 16 DATE OF DEA	ATH (COS)	17 .30
Firmly WIDOWED OR DIVOR (Write the	CED WHE	(Month) EY CERTIFY, That I atte	(Day) (Year)
6 DATE OF BIRTH	Moro	23 1929, to far	17 130.
(Mohth) (Day)	(Year) that I last saw h	M. alive on form	10 1930.
7 AGE	If LESS than The CAUSE OF D	EATH A was as follows:	above, at
81 yrs. 7 mos. 12	l dayhrs.	2	
8 OCCUPATION (a) Trade, profession or particular kind of work	Cerebras	hemorrhage	apoplesy
(b) General nature of industry business, or establishment in			yrs. / mos. 2.3 de.
which employed or (employer)	Contributory	Mindon	yisy
S BIRTHPLACE (State or country)	Secondary		
10 NAME OF	6 - (6: 1)	(Duration)	M.D.
FATHER Thomas Woo	ten (Signed)	00 (Address) Dann	1-16 mal
11 BIRTHPLACE OF FATHER (State or country) Many	ANA Violent Causes	Disease Causing Death, s, state (1) Heans of Inju- icidal or Homicidal.	or, in deaths from
a 12 MAIDEN NAME OF MOTHER Unfanov	COMMUNICATION OF THE PERSON NAMED IN COMMUNICATI	RESIDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs.		yrsmos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY K		ntracted,	
(Informant) Frank Javage	Former or usual residence		
(Address) 83 Dundalk	and 19 PINCE OF BU	en Port	1/20/3
Filed 1/17/30 192 20 mloar	Registrar USER /	36	ADDRESS A A A
f more blanks are needed, address	A NIG	t., Balto., Requesting V.	8 No. 1.
	V		

STATE OF MARYLAND

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Ceusus and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housekeife, Housework, or At Home, and children not gainfully employed, as At school or At home, (are should be taken Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASS CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, to report specifically the occ pations of persons enen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Trinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in inclustrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter Housemaid, etc. Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of ocetc., without more precise specification as Day applies to each and every person, irrespective of to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs.). For persons who have no occupation If the occupation has been changed The material But in many Chocery;

Typhoid fever (never report "Typhoid pneumonin") spinal meuingitis") : Diphtheria (avoid : sc of "('roup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-MASE CAUSING DEATH (the primary affection with respect Lobar fere: (the only definite synonym is "Epidemic corebro-Statement of Cause of Death-Name, first, the pispneumonia, Bronchopneumonia ("Pneumonia."

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, totanus) may be stated under the and qualify as Accidental, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway "Puerperal septicacmia." "Puerperal poritonitis," diseases resulting from childbirth or miscarriage as rhage." "Inanitiou." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Convulsious." "Debility" ("Congenital," "Senile," etc.), can be ascertained as the cause. Always qualify all conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); myes, peritonacum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; State cause for which surgical operation was under-"Uracmia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Hacmorstated unless important. (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart FOR VIOLENIE BEATHS STATE MEANS OF INJURY the injury, as fracture of skull, and conse-"contributory." (Recommendations on state-Example: Meastes The contributory The na-Meastes; disease; (second-(disease (merely not be etc.

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the certificate is permanently filed.

(If death occurred in

a hospital or institution, give its NAME in-

DATE OF BURIA

number.)

(Day)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of oc-Foremon, For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, without more precise specification as Doy Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile foctory. The material and children, not gainfully em-Loborer-Coul minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

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No. 1

02 0 N. B.-

PLACE OF DEATH	13571 STATE OF MARYLAND
County Bullinge	CERTIFICATE OF DEATH
	Registration Dist. No. 37
Village or City Lother Ville (No. Chan 2FULL NAME Jessy Amand	A Ly Brand. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tende White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH // over les 23, 1920 (Month) (Day) (Year)
OCTUBER 11 , 1848 (Month) (Day) (Year)	that I last saw he alive on November 23, 192.
7 AGE S 2 yrs. mos. Z ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Irade, profession or particular kind of work	Jerebal Huemonley
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory My Tanky In Suffice
(State or country) South (aroling.) 10 NAME OF FATHER William S 11 BIRTHPLACE OF FATHER	(Signed)
(State or country) Could Cardina 12 MalDEN NAME OF MOTHER 5/128 6/1/1017	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
(Informant) Like Dest of WY KNOWLEDGE (Address) Like Dest of WY KNOWLEDGE	Former or usual residence
Filed Mr. 25 1920 B A Bern MAR	On Charlest In Sparks, W
If more hanks are needed, addre, a tate hegistral	, 18 W. Saratoga St., Balto., Lequesting V. S. ivo. I.

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

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> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy traintaken. can be ascertained as the cause. Always qualify all (secondar, or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menlclanus) may be stated under the head of "contributory." "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvulor heart diseose; not be

If this certificate is looked over thoroughly and all questions agravered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	N. B Every Item of information should be carefuily supplied. ACE should be state	CIANS should state CAUSE OF DEATH in plain terms so that it may be prope	statement of OCCUPATION is very important. See instructions on back of cer
	1		
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	PLACE OF DEATH	10157 STATE OF MARYLAND CERTIFICATE OF DEATH
	D-1-10 R	Registration Dist. No. 30
Vil	2FULL NAME Robert Synch	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE MARRIED Marrieg White Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 E	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	March 7th , 1900 (Year)	that I last saw halive on, 192,
7 A	GE 30 yrs. 6 mos. 21 ds. or min.?	The CAUSE OF DEATH * was as follows:
P (lb w	CCUPATION Trade, profession or articular kind of work Auto Repair Shop articular kind of work Auto Repair Shop O General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) Jacksonville Florida	Both men sene in an appliane (Edward O'Comer To Polest Lynch) effected by Lynch (Duration) make a mose dive; mis de. Contributory have, causing death of both man aus. Secondary (Duretion) yrs
	10 NAME OF FATHER Thomas Lynch	(Signed) M. D. 192 (Address) M. D.
ENTS	OF FATHER (State or country) Jacksonville Florida	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of Mother Irena Conant	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Jacksonville Florida	At place In the of death yrs mos. ds. State yrs ds.
14	(Informant)Mrs.Anna Lynch-,.Wife	where was alsesse contiscied, if not et place of death? Former or usus! residence
	(Address) 717 S. Eaton Street	Pan dawn Cens, Def 1st, 1930.
15	Filed 1930 Holeston Registrar	Teorge a Weber 705 & ann it
	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer Geor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. Nomenclature of the The contributory Measles;

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed whatever, write None. first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The materia For many occupations a or At Home, and children, not gainfully em-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many single word or term on Locomotive engineer, (6) Grocery

spinal meningitis"); Diphtheria avoid use of "Croup"); fever '(the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Hacmorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite discase (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. State cause for which surgical operation was underor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainapproved (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Coming on Nomenclature of the Chronic valvular heart disease, etc. The Always qualify all contributory

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V. S. No. 1.

N.B.

1 PLACE OF DEATH	O101 STATE OF MARYLAND
Cause & Daltunoseo	CERTIFICATE OF DEATH
Village or City MA Hashingtone No. alle	Registration Dist. No. 32 Ward) [If death occurred in a hespital or institution,
2 FULL NAME Infant of Theor	dow + Elsie Lyons! give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Huite 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 O t HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH January 5. (Month) (Day) 193 (Year	1930, to , 191,
Stell Bour. If LESS the 1 day, his OR min.	S. The covered of Death & Long and Allaman
8 OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Balto Co. Wid.	Contributory Secondary (Ourglion) yrs. mos. ds.
1D NAME OF THE Odore J. Lyons!	(Signed) A Short Cin M. O.
11 BIRTHPLACE OF FATHER (State or country) Tarkton Balto Co M. 12 MAIDEN NAME OF MOTHER Seil 6. Jones.	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIPAL.
of Mother Clair 6. Jones. 13 BIRTHPLACE OF MOTHER (State or country) Balts Mid.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place the the of death yrs. mas. ds. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Reocloul Syone.	Where was disease contracted, if not at place of death? Former or usuafresidenca
(Address) altamout place.	In place of Burial OR REMOVAL DATE OF BURIAL DATE O
Filed 1-6/ 1930 DE & Webols REGISTRAR	Latter havis 330 Paint,
If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitia"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassuicide. head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Anacmia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, periionaeum, etc., Carcinoma, Sarcoma, etc., of Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Debility" State cause for which Never report mere nound ("Con-

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD HEALTY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

	US989 STATE OF MARYLAND
County Balto	CERT!FICATE OF DEATH
	Registration Dist. No. 38
Village or City Jourson (No. 438	Penna awst.: Ward) a Hospital or inst
P (1.	a hospital or inst tion, give Its NAME stead of street
2FULL NAME Eliza Mack	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH (LUG 2.4 14.3)
WIDOWED.	, 10-25
(Write the word)	(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to Uly 24 192
July 3/ , 1860	(1
(Month) (Day) (Year)	that I last saff h Malive on Muy Joly , 192
7 AGE // If LESS tha	
216. 1 dayhr	
65 yrs. mos. Lyds. or min.	deule aremia
a OCCUPATION (a) Trade, profession or	
particular kind of work House work	
(b) General nature of industry business, or establishment in	(Duration) vis mos
which employed or (employer)	
	- Conder aseletis
9 BIRTHPLACE	Contributory Condocardates Secondary
9 BIRTHPLACE (State or country) Babto Co.	Secondary Duraign) List Rindows
9 BIRTHPLACE (State or country) Babto Co. 10 NAME OF FATHER John Cytters	(Signed) to hull vaires
9 BIRTHPLACE (State or country) Babto Co. 10 NAME OF FATHER John Cytlers	(Signed) for hull. January (Signed) for hull. January (Address) 421 Drug fell (Market) (Address)
9 BIRTHPLACE (State or country) Batto Co. 10 NAME OF FATHER John Cytlers 11 BIRTHPLACE OF FATHER (State or country) Balto Co.	(Signed) for hull. January (Signed) for hull. (Address) 421 Drug fell
9 BIRTHPLACE (State or country) Babto Oo. 10 NAME OF FATHER Ohn Cyllers 11 BIRTHPLACE OF FATHER (State or country) Balto Ob. 12 MAIDEN NAME	(Signed) Duration (Signed) (Signed) (Address)
9 BIRTHPLACE (State or country) Babto Co. 10 NAME OF FATHER OLL Cytlers 11 BIRTHPLACE OF FATHER (State or country) Balto Co. 12 MAIDEN NAME OF MOTHER Coliza Cytlers	(Signed) Duration (Signed) (Signed) (Address)
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLACE	(Signed) *Durain Durain Control (Signed) *Durain Durain Control (Signed) *State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place In the
9 BIRTHPLACE (State or country) Babto Co. 10 NAME OF FATHER OLL Cytlers 11 BIRTHPLACE OF FATHER (State or country) Balto Co. 12 MAIDEN NAME OF MOTHER Coliza Cytlers	(Signed) 1930 (Address) 1 Duraign) Will Market State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs. mos. ds. State yrs. mes.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *Durain Durain Control (Signed) *Durain Durain Control (Signed) *State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place In the
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) Durain Durain (Signed) (Signed) (Address) (Addr
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 10 NAME OF FATHER OF JULIUS 11 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) 1980 (Address) 4 Duraiden) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs. mos. ds. State yrs. mes.
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9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 10 NAME OF FATHER OF JULIUS 11 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) Durain Durain (Signed) (Signed) (Address) (Addr

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EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: *Cerebrospinul fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphlheria* avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia,"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia, "Pneumonia,"); *Lobar pneumonia, "Lobar pneumonia, "Lo

stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuenia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, (secondary or intercurrent) affection need not be Whooping cough; 'name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., o interstitial nephritis, by Committee on Nomenclature " "Marasmus, " "Old Age, " "Shock," Chronie valvular heart disease; etc. The contributory Measles;

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8 No. 1

	Zo Se.	rds.
		14700 STATE OF MARYLAND
	County Dallinor	CERTIFICATE OF DEATH
	- 2) 1 0	Registration Dist. No. 33
cate.	Village or City 1 Stertown. Mord	Rae St.: Ward) (If d-ath occurred in a hospital or institution, give its NAME instead of street and number.)
00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CK OT	1 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 5/2 19230 (Month) (Day) (Year)
eq	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	T. 1 30 1949	2000 13 19218, to Dec 22 , 19298,
ions	(Month) (Day) (Year)	that I jast saw har alive on 1920. 21 , 1923 d,
not	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
3	83 vrs. // mos. 2 ds. ormin.?	The CAUSE OF DEATH * was as follows:
u e	8 OCCUPATION	Frachire & Teb. Hep: tripped over
Sec	(a) Trade, profession or particular kind of work	a rug in her ledroom, and fell cwfo?
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. / mos. & ds.
l'icc	9 BIRTHPLASE 17	Contributory
ž.	(State or country) fun Alsville IC	(Duration) yrsmosds.
ry	10 NAME OF 11 11 12	(Signed) IV. M. Slade M. D.
Ve	FATHER Lunean J.//ac/ac/ac	1820 22 1920 (Address) Peachers from new
Si 70	OF FATHER (State or county) (State or county) (State or county)	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ATI	of Mother Am m. Mae Pac	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
CCC	13 BIRTHPLACE OF MOTHER (State or Country) North Carolina	At place of deathyrsmosds. Stateyrsds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
to	7 0 0 00''	Former or usual residence
neu	(Informatifies J. D. Filleams	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
aten	(Address) 922 N. Cherles SZ	fagetterille N. C. DEUM2, ,, 20
50	Filed Buc 27 1936 STMSlessen Registras	Heliam Cook 12/7 SX Caul
1	If more blanks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. 110. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (79 or given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman. (b) Grocery; without more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrapital fever (the only definite synonym is "Epidemic cerebras, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

> approved by Committee on Nomenclature American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERFERAL septicaemia," "PUERFERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," st_ted unless important. ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot (Recommendations on statement of cause of death can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicidc. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the idata is essential and must be obtained before the certificate is permanently filed.

JAN 5 1

V. S. No. L.

PLACE OF DEATH Sounty Caether or 18	9 06491 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Meddle Poris (No. You edle 2 FULL NAME Barbara In. Mas	Registration Dist. No. [if death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from (Mouth) (Day) (Year) (Year)
(Month) (Day) , 1876	that I last saw h & alive on June 6 , 1970,
AGE ### AGE ### O mos. 6 ds. OR min.?	and that death occurred on the date stated above, at /m. The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, prefession, or force particular kind of work (b) General nature of industry business, or establishment in which omployed (or employer) BIRTHPLACE (State or country) Section of the country of	Contributory (Question) / yro. mos. do. Contributory (Relieu wary Lufaraulia. Secondary Herlary) (Question) yro. 8 moo. do.
11 BIRTHPLACE OF FATHER Carles Security. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Darbara Mureger 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISPASS CAUSING DEATH, of, in deaths from VIOLENT CAUSES, State (1) Means of Injury; and (2) whether Accumental, Suicinal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yre. mos. de. State, yre. mos. de. Where was disease centracted,
(Informant) Reeles Alleborogy (Address) Meddleborogy 16 Filed June 8 1930 John J. Connell REGISTRAN	Formar or usual residence 19 PLACE OF BURISHOS ALMOVAL 19 PLACE OF BURISH SALVEN 20 UNDERTAKER 10 ADDRESS TOMMA
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by C. S. Census and American Public Health

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner. (b) Collan business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question of the second statement. mobile factory. know (a) the kind of work and also (b) the nature of the Housemaid, etc. For many occupations a single word or term on -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, Locomolive ougineer, For persons who have no occupation whatever The material worked on may form part If the oscupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

CAUSING DEATH (the primary affection with respect to Lobar spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemie cerebro unqualified, is indefinite); Tubercalosis of lungs, menin-Typhoid fever (never report "Typhoid Statement of Cause of Death-Name, first, the DISEASE and causation), for the same disease. pneumonia. Bronchopneumonia using always the same accepted Examples: ("Pneumonia, pneumonia") Cerebrospinal

> mus," under the head of "Contributory." surgical operation was undertaken. For VIOLENT DEATES etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock." "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Mcasles (disease causing death), 29 ds.; Bronnephrilis, ctc. cough; Chronic valeular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL. Or as probably such, if impossible "PUEMPERAL perilonides," etc. State cause for which rent) affection need not be stated unless "Tumor" for mulignant neoplasms); Measles, Whooping to determine definitely. Examples: Accidental drowning, MEANS OF INJURY and qualify as or mischringe as "Puerpenal septichuemia," by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver Never report mere (Recommendations "Exhaustion," ACCIDENTAL, important. munon

If this certificate is looked over thoroughly sind all questions answered in detail, it will prevent further correspondeence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

V. S. No. 1

PEACE OF DEATH	12209 STATE OF MARYLAND
County Bultinus	CERTIFICATE OF DEATH
Village or City Shrus flat (No.	Registration Dist, No. 44 St.: Ward) (If death occurred is a hospital or institution, give its NAME is
2 FULL NAME Baby Mar	low stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewsle White Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Let 124, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH Clet 1 t, 1480 (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year) 7 AGE If LESS tha I day. hr. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Dependen (7 ms)
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,ds
9 BIRTHPLACE (State or country) Streets Plust	Contributory Secondary (Duration) Vis. mos. de
10 NAME OF Junes Molon	(Signed) Frunk 6 Gelliel M. D.
OF FATHER (State or country) Springs Porut	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Shumis Punts	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) (Address) Spannis F	19 BEACE OF BURIAL OR REMOVAL DATE OF BURIAL CON Tarm Cen Col 1930
Filed Dev 19930 HAVEONECU	John Ortaker Moyan Balla
If more banks are needed, address State Registre	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; ii nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on home, who are engaged in the duties of the (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DTS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERFERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary Never report mere symptoms or terminal condi or intercurrent) affection need not be Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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NOV 6 1930

N. B.--Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CLAND should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING LY, WITH UNFADING INK--THIS IS A RESERVED FOR MARGIN WRITE

PLACE OF DEATH County alternan	STATE OF MARYLAND CERTIFICATE OF DEATH
Y de de	Registration Dist. No.
2FULL NAME Still born	St: Ward) (If death occurred in a hospital or institution, give its NAME is steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Wildows Drugle (Write the word)	16 DATE OF DEATH DC. 15 16 , 19230 (Month) (Day) (Year)
9 DATE OF BIRTH See 15-77 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192
7 AGE If LESS than I day hrs. yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Of Myrating (Duration) yre, mos, de
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER WENDER Main gay 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GIVENDOLYN Pobins 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant Swew olyn Maingay (Address) 15 File DEC 8 19230 4 Holemischer Registral	Contributory Secondary (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents) At place of death yrs
If more blanks are needed, address thate kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more procedule mine, etc. laborer, Form laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery: (o) Foremon, (b) Automobile foctory. The material should be used only when needed. As examples: (o) sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Carc should be taken work, or At Home, and ehildren, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefere an Civil engineer, Stationary firemon, etc. Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (tell or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-For many occupations a single word or term on yrs). For persons who have no oecupation without more precise specification as Day person, irrespective of But in many Grocery;

Stritement of Cause of Death—Name, first, the Discretized Causing Death (the primary affection with respect to time and causation), using always the same adequated fever (the only definite synonym is "Epidemic cerebrospinals, in al meningitis"); Diphilieria (avoid use of "Croup"); Joyhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shoek, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of atie), "Atrophy." "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (seeondary), (secondary or intercurrent) affection need Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilwoy train-Never report mere symptoms or terminal condi-. (name origin; "Caneer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic ," "Coma," "Convulsions, etc. The contributory volvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

PLACE OF DEATH County Ballimon	02653 STATE OF MARY CERTIFICATE OF
	Registration Dist. No
2 FULL NAME Male Infaul of Faces	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEA
6 DATE OF BIRTH Ward 27 , 1936 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended to march 17, 19230, to march that I last saw h. Repl. Ward
7 AGE 4 mos in Ultro yrs. mos. ds. lfLESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	mos in alle
which employed or (employer) 9 BIRTHPLACE (State or country) Catgumulle Und	Contributory Secondary (Duration) (Duration) (Duration)
10 NAME OF GALLE MASSEL	(Signed) Warshall B Wish march 27, 192 & (Address) Calounce
OF FATHER (State or country) Calounelle Med	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Inc.)
of MOTHER Colder Whele 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsyrs
(Informant) Laws Warsel	if not at place of dea.h?
(Address) Calounulle Med	In Marsel-Furer May
7 N Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

MEDICAL CERTIFICATE OF DEATH E OF DEATH (Month) I HEREBY CERTIFY, That I attended the decensed from at death occurred on the date stated above, at USE OF DEATH * was as follows: (Duration) tributory condary 192.35 (Address) deaths from (2) Whether the Discase Causing Death, . or, in ent Causes, state (1) Means of Injury dental, Suicidal or Homicidal. and GTH OF RESIDENCE (For Hospitals, Institutions, Transor Recent Residents) In the State _____yrs. _____ds. ...yrs........mos.......ds. was disease contracted. at place of dea.h?..... sidence ... CE OF BURIAL OR REMOVAL DATE OF BURIAL

No. ග් statement

EVERY

m

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tired 6 yrs). definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Physicism, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease, Nomenclature of the contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registration Dist. No. (If death occurred In a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows: the Disease Causing Death, or, in deaths from causes, state (1) Means of Injury and (2) Whether Hospitals, Institutions, Trans-In the If more blanks are needed, address State Registrar, 16 W. Saratega St., Balto., Request 19

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laborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemuid, etc. If the occupation has been changed er," etc., should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many Physiciun, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Doy Cotton mill; (a) Solesman. (b) (b) Automobile factory. Loborer--Coal mine, etc. Wom-The material Grocery;

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of approved accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medica Recommendations Examples: Accidental drowning; Struck by railway train-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by cough; or intercurrent) Committee on Association. Chronic statement of cause of affection need etc. The contributory volvulor heart Nomenclature Always qualify all not be disease;

If this certificate is boked ever thoonghly and all questions answered in detay, it will present furthe consespondence. All the data is essentil and must be obtained before the certificate is permanently field

V. S. No. 1

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PLACE OF DEATH	10102 STATE OF MARYLAND
County Baltinol	(3) CERTIFICATE OF DEATH
11 118-4 11	Registration Dist. No.
Village or eng Shane White Hall !	No. Md St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single	16 DATE OF DEATH Sept 29, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
De 8, 1929	Deff 2/ 1924. to Seff 24, 1980,
(Month) (Day) (Year)	that I last saw huralive on Seft 2 1 1930,
7 AGE [If LESS than	and that death occurred on the date stated above, at
yrs. 9 mos. I/ ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	
(a) Trade, profession or	motora préacetie.
particular kind of work	
business, or establishment in which employed or (employer)	(Duration yrs. A mos. ds.
9 BIRTHPLACE	Contributory Musaulary Consditionis
(State or country) Belto Co. Ind	Secondary Duration yrs mos ds,
10 NAME OF	The was the tolog
FATHER Winfrid Males	(Signed) M. D.
O II BIRTHPLACE OF FATHER	Seft 80 1980 (Address) Werren 198
Z (State or country) Job Co Ind	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Beare Williams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER D	At place In the
(State or Country) Balto. Co. hd.	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Winfuid males	Former or usual residence
(Address) White Half Ind	Cupio Chapel Och I , 1930
15 Filed Sup 30 Miling Borting Registrar	P. Marshur How white Hall and
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved y U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line vill be sufficient, e. g., Farmer or Planter, tion applies fulness of varius pursuits can be known. The quescupation is vey important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., William more, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, A gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, worked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, without more precise specification as Day teeach and every person, irrespective of who are engaged in the duties of the For persons who have no occupation a mill; (a) Salesman, (b) Grocery;
Automobile factory. The material Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and Causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitls"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the Always qualify all not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME is stead of street and lado. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED ould (Write the word) (Month) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH hat (Month) (Day) 7 AGE IIf LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH * was as follows: min.? B OCCUPATION (a) Trade, profession or INK particular kind of work carefully (b) General nature of industry importan business, or establishment in UNFADING which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF 20 11 BIRTHPLACE ENTS OSE USE the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAM O. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place of death. OF MOTHER (State or country) Where was disease contracted, T if not at place of dea.h?.. Every item CIANS sho statement Former or usual residence If more blanks are needed, address tate Registrar, 16 W./Saratoga St., Balto., Requesting V. S. No. 1.

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cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Sartant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer." "Foreman," "Manager." "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of For many occupations a single word or term on Farm laborer. For persons who have no occupation Laborer--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "(Exhaustion," "Heart lauure, "Shock," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injudy State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, approved (Recommendations on statement of cause of Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory of the death

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state occupation at beginning of illness. If retired from tired 6 yrs). definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should he used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queslaborer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material Or For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-At Home, and children, without more precise specification as Day For persons who have no occupation not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the pissel EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: ('ercbrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchapneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ inges, peritonaeum, etc., Carcinoma, Sarcoma, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid or intercurrent) affection need for malignant neoplasms); Meosles; (hronic etc. The contributory volvulor heart disease, not be etc., of

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PLACE OF BEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
2 1/2	Registration Dist. No.
Village or City Manual (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of streat and
2FULL NAME AND	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLED, MARRIED, WHOWED OR DIVORCED (Write the word)	16 DATE OF DEATH // 1930 (Month) (Day) (Year)
6 DATE OF BIRTH May 16 1863	17 I HEREBY CERTIFY, That I attanded the decaased from
(Month) (Day) (Year)	that I last saw h 1 alive on 1000 11 1923 G
7 AGE If LESS than I day hrs. 1 day h	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Diff of Color
business, or establishment in which employed or (employer)	(Durstion) yrs mos des
BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER MAY Bond.	(Signed) (Signed) (Address) (Address) (Signed) (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accideatal, Suicidal or Homicidal.
of MOTHER Cligabeth Gookes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) ARRENT PARTIES	At place of death yrsds, State yrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Brang & Christopher	Former or usual residence
(Address) Hulleston	Parkwood Cemelly 200. 10 1930
Filed 11/12 1923 Suntana Duit	Track assalm Lour 7401 Belair Rd
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol totanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy,",
""Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The Nomenclature of the contributory

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STATE OF MARYLAND

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County Dallimore	CERTIFICATE OF DEATH Registration Dist. No. 3/
Village or City Pandalloloury(No	St: Ward) (If death occurred in a hospital cr institution, give Its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
For the second s	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to Flat 9 1930 that I last saw h MM aliva on Flat 5 , 1930
7 AGE If LESS than 1 day hrs. / 7 ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs 70.26 4 de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Duration) yrs mos de (Signed) (Signed) (Address) Pandallalman (State the Disesse Causing Deeth, or, in deeths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Q. Mann	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs uses da Where was disease contracted, if not at place of desth? Former or usual residence
(Address) Traville md	In place of Burial OR REMOVAL DATE OF BURIAL Viginia Let 11. 1932

If mora blanks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g.. Farmer or Planter, whatever, write None. or given up on account of the DITAGE CAUSING DEATH, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. For persons who have no occupation (b) Automobile factory. be entered as Housewife, House-The material Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, "Iraamia." "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., schools, telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature (Recommendations on statement of cause of death earbolic acid-probably suscide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Exhaustion," (secondary or intercurrent) affection need Whooping (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The Sarcoma,, etc., of contributory not be

If this certificate is inoked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

should be stated EXACTLY, P. it may be proposly classified. PERMANENT RECORD BINDING should be carefully supplied. ACE should E OF DEATH in plain terms so that it may FOR Y, WITH UNFADING INK--THIS IS MARGIN RESERVED

See instructions on back

is very important.

CIANS should statement of OC

B.--

WRITE

S. No. 1

Exact

PLACE OF DEATH County Balto Bradshaw	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40
Village or City Forth (No	St.: Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Syn (4, 1982)
6 DATE OF BIRTH , 1 (Month) (Day) (Year)	17 CHEREBY CERTIFY, That I attended the deceased from That I last saw has alive on Self LE 192
7 AGE If LESS than I day hrs. ds. or min.	and that death occurred on the data stated above, at 770 Rm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER WILLIAM 11 BIRTHPLACE OF FATHER (State or country) Mu (surviv) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) W MARMONIA	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (M. D. (Signed) (Address) (M. D. (Stafe the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death (M. M. M
(Informant) Ossie Marcey (Address) Marlungton Del	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Salema Carrellary Pad Sept 7, 19 3 0 20 UNDERTAKER ADDRESS
Filed 9, 17 1920 V. 7, H 900 uch	David Dandoon Jupper Falls

If more bianks are naedad, address Stata Registrar, 16 W. Saratoga St., Baito., Raquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by cough; Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

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V. S. No. 1

	PLACE OF DEATH	0197 STATE OF MARYLAND
	(Bosdologia	Registration Dist. No. 40
Villa	2FULL NAME Julius THE	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
20	Lal With the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D.	ATE OF BIRTH (Month) (Day) (Year)	that I last saw h Malive on John 10, 1934
7 AC		and that death occurred on the date stated above, at 1200 m. The CAUSE OF DEATH * was as follows:
(a pa	OCCUPATION Trade, profession or Saborov Orticular kind of work	Myrandrae Deusuffen
bu wl	General nature of industry sisters, or establishment in hich employed or (employer)	Contributory Queleau & Sellingly Secondary Character Western
	10 NAME OF FATHER Clubusey	(Signed). (Address) Posselly
A L	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the I-iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER CUREOUN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
1	OF MOTHER (State or country)	At place of deathyrsmosds, Stateyrsmosds,
14 T	(Informant Mus Way Very Re	Where was disease contracted, if not at place of dea.h? Former or usual residence
15	Filed / / 2 1930 J. F. H Horsuch	20 UNDERTAKER LED LANDRESS MA
	Registrar	Li W. Saratosa St., Bulto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Jion applies to each and every person, irrespective of fulness of various pursuits can be known. The questired 6 yrs . For persons who have no occupation state of upation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever write None or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Cook, Houseword, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary , may he entered as Housewife, Houseer," etc., without no re precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. Physician, Compositor. Foreman, especially in industrial employments, it is neces-For many occupations a ringle word or term on If the occupation has been changed Automobile factory. The material Archi'ect, Locomotive engineer, But in many (6) Grocery;

EATH CRASH of Death—Name, first, the DISEA. THE NG DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitie"; Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia "Pneumonia,"

Recommendations on statement of cause of American Medical Association.) tctanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. causing (secondary or intercurrent) affection Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary) cough; Chronic etc. The contributory valvular heart disease Nomenclature need not be of the

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"worked on may form part of the second statement.

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diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The Nomenclature contributory

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PLACE OF DEATH

S. No. 1

00 2

	GINTE OF MARTERIES
County alternan	(3) CERTIFICATE OF DEATH
4 6	Registration Dist. No.
Village or City Parrowson (No. 13 20 5	Ward) (If death occurred in a hospital or institution, give its NAME irstrad of street and of street
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whits (Write the word)	16 DATE OF DEATH March 17th, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased form
March 17th, 1930	192 . to
(Month) '(Day) (Year)	that I last saw h 192,
7 AGE If DESS than I day hrs.	and that death occurred on the date anted above, atm, The CAUSE OF DEATH was as follows:
yrsds. ornin.?	
8 OCCUPATION	Otilo tom whank.
(a) Trade, profession or	
particular kind of work (b) General nature of industry	13 Manual Troom
business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration) yrsds.
FATHERYONGE Markel	(Signed) 1/1 M. D.
II BIRTHPLACE	- Maria Maria and a second and
Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (Odua Nu Slivert	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the State, yrs. mos. ds. State, yrs. mos. ds.
OF MOTHER (State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?
El ni Mic val	Former or usual residence
(Informant) Ona 101, 101 on reg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Janusburn	Dent to John Hapkins, 19
15 Filed Man 18 1920 Al Helemis Mas	Counterrated Salvatory
If more b.anks are needed, addre a tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02655

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis", Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sorcomo, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvulor heart discose; etc. The Nomenclature of the contributory

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D FOR BINDING	HIS IS A PERMANEI	lled. ACE should be in so that It may be i
MARGIN RESERVED FOR BINDING	WRITE ATTLY, WITH UNFADING INK-THIS IS A PERMANEI	N. BEvery Item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH In plain terms so that It may be in
	/RITE AMELY,	Item of informa
		N. BEvery

V. S. No. 1

PLACE OF DEATH County Baltimore	02656 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4/
Village or City Sundalk (No. 1.4) 2FULL NAME John Tillon	Mardy (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 2 , 1530 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 7 1929 to March 7 1980 that I last saw h in alive on March 12 , 1980.
7 AGE OF YES. The OCCUPATION OF THE OCCUPATION	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN MAME	(Signed) *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
Filed 3/3/3092 //Morring Registrar	ohn allsi & 2008 alleans 16/W. Saratova St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Physician, or given up on account of the DISEASE CAUSING DEATER. gaged in domestic service for wages, as Servand Code, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer fre-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, Grocery;

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In detail, it will prevent further correspondence-

sential and must be obtained before the certificate is

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Examples: Accidental drowning; Struck by railway traincident; Revolver wound of head-homicide; Poisoned by bolic acid-probably suicide. The nature of the injury, fracture of skull, and consequences (e.g., sepsis, uus) may be stated under the head of "contributory." commendations on statement of cause of oved by Committee on perilonaeum, etc., Carcinoma, Sarcoma, can Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, certificate is looked over thoroughly and all questions or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Nomenclature not be ete., of

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Baltery ore	CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Catourselle (No. 100 M	Charles Ou St.: Ward) (If death occurred in
Village of City (No. 1905)	Ward) (If death occurred in a hospital or Institution, give its NAME Irstead of street and
2 FULL NAME Joshua he mais	deu) stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale While Single, Married, Wildwed (Write the word)	Seftender 26 19230
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug 2, 1859	1929 to Seff 26 , 19230.
(Month) (Day) (Year)	that I last saw h analive on 192-0,
7 AGE U If LESS than I day hrs.	and that death occurred on the date stated above, atOCm. The CAUSE OF DEATH * was as follows:
7/ yrs1 mos. 24 de. or min.?	10 10 10 10 10 10 10 10 10 10 10 10 10 1
(a) Trade, profession or particular kind of work Bookkeeps	Deables melleles
(b) General nature of industry business, or establishment in	(0.1.) //
which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country) Wel.	Secondary (Duration)yrsymosds.
10 NAME OF FATHER A.	(Signed) Washall B Wash M. D.
IL BIRTHPLACE	Self 26 19230 (Address) Catornelle Wed
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sugar Willer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER WAR	At place of desthyrsmosds, Stateyrsmosds,
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
7. 1 7	Former or usual residence
(Informant) Mis Joshua Marsely	PLACE A BURIAL OR REMOVAL DATE OF BURIAL
(Address) Calousulle My	Josefork Com Sept 29, 1930
Filed 198 All Registras	Geo J. South 1532 Heller 20
If more banks are needed, address State Registrat	r, 16 W. Saroroga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Furm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many engincer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal 'leaver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, "" "Weakness," etc., when a definite disease or intercurrent) affection need Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, Marwel OR DIVORCED Write the word 6 DATE OF BIRTH (Month) (Day) IIf LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF FATHER 19220 (Address) ... 11 BIRTHPLACE *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death OF MOTHER (State or Country) Where was disease contracted if not at place of death?.. usual residence 19 PLACE OF BURIAL OR REMOVAL BNDERTAKER Registras If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

APDRESS

a hospitel or institution, give its NAME in-

deaths from (2) Whether

OF BURIAL

number.)

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been charged work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DE ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept; ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Recommendations on statement of cause of death showered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. American Medical Association.) telanius) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrnage, "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

B.--Every item of CIANS should statement of O

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	ORD	should be stated EXACTLY, PHYSI- it may be properly classified. Exact on back of certificate.
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DALIC NIC	PERMANENT P	thould be it may be on back

	01101
1PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
A A STATE OF THE S	Registration Dist, No. 33
Village or City Reigterstown (No Lewish Hon	1
2FULL NAME Louise Marsh	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH February 4, 1930
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
February 22, 1880	August - 28 - 1923 . to February 4 , 1930 .
(Month) (Day) (Year)	that I last saw h Malive on February 4, 1900,
AGE IFLESS than I day hrs.	and that death occurred on the date stated above, at 8:30 p.m. The CAUSE OF DEATH * was as follows:
48 yrs. // mos. /4 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or	Julmonary Suberculosis
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) 10 yts, 5 mos 14 ds,
which employed or (employer)	Contributory
(State or country) Maryland	Secondary (Duration)yrs,mos,ds,
10 NAME OF	(Signed) albert F. Shrier M.D.
FATHER Chagust Schleibaum	Febr. 4 1930 (Address) Reisterstown, md
OF FATHER (State or country) U.S. A.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME POLICE TILINAPLATE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER 11 C 1	At place of death 6 yrs. 5 mos. 14ds. In the 48 yrs. 11 mos. 14ds.
(State or Country) A. J. FF. 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? but have in Balto
	Former or usual residence 22 S. Highland ave
(Informant) Secased: Louise Marshall	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 22 S. Highland doe	Louden Fark Sel 1, 1930
	ADDRECE

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvulor heart disease, Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, rewail prevent further correspondence. All the data is experient and must be obtained before the certificate is permanently filed.



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Registral

If more banks are needed, addre.s tate Registrar, 76 W. Saratoga St., Balto., Requesting V. S. No. 1.

10837 STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

St.: Ward)	a hospital		tu-
	tion, give i	street 8	lı -

number.)

MEDICA	L CERTIFICATE	OF DEATH	
MEDICA	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Repl	26	1930
*	(Month)	(Day)	(Year)
that/I last saw h	alive on Alexander	ttended the d	7, 1925 6, 1932
and that death occurre		ed above, at	n
The CAUSE OF DEATH			/
myserra	use on	supp	cell
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	(Duration)	yraa	mosd
(/a	leno Rel	eroses (Bene
Contributory	7. 1.0	resuld	celu
(Signed) Dany	e Tel. The		mos.1d
Repl 27 19230	(Address) . To	Mon	1m
*State the Disc Violent Causes, stat Accidental, Suicidal or	ase Causing Deat e (1) Means of Homicidal.	h, or, in de Injury and (2	aths from 2) Whether
18 LENGTH OF RESI		pitals, Institu	tions, Tran
At place of deathyrsmo	ln t	he tateyrs	mosd
Where was disease contra	cted,		
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aurora	Indiama	Sofat.	27.13
20 UNDERTAKER		ADDRESS	1
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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reshould be used only when needed. As examples: (a) whatever, write None: gaged in domestic service for wages, as Servent ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseluborer, Farm laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (h) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been sanged household only (not paid Housekeepers who receive a Civil engineer, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, etc., Foreman, For many occupations a single word or term on yrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. person, irrespective of Locomotive engineer, But in many 6 Grocery; Day

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only, definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

(If death occurred in

..vrs..........mos.......ds.

a hospital or institution, give its NAME instend of street and

number.)

PLACE OF DEATH

BINDING

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MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of er," etc., without more process. The duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. Foreman, (b) Automobile factory. The material first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; can be ascertained as the cause. Always qualify all "Uraemia, approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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	PLACE OF DEATH	0198 STATE
	County Dalto	CERTIF
		(62) Regi
Vil	lage or City 202 (No. St. Ne.	lena St:
	2FULL NAME Colleen M)	Martin
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF
3 9	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH gam
6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, 7
	Jan 5, 1980	4 m 4 1951.
~ /	(Month) (Day) (Year)	and that death occurred on the d
, ,	/ 1 dayhrs.	
	yrsds. ormin.?	7770-1
-	a) Trade, profession or	aucuas
1	articular kind of work	***************************************
	usiness, or establishment in hich employed or (employer)	(Dura
-	SIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF U	(Dur
	FATHER Frank B Marlin	(Signed)
NTS	OF FATHER (State or country)	*State the Disease Causin Violent Causes, state (1) Mer Accidental, Suicidal or Homicidal.
RE	12 MAIDEN NAME.	
PA	OF MOTHER	18 LENGTH OF RESIDENCE (F.
- 3	John Marie M	ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
14		ients or Recent Residents) At place
14	OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of deathyrsmos,ds. Where was disease contracted,
14	OF MOTHER (State or Country)	ients or Recent Residents) At place of death
14	OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) On 2 14	ients or Recent Residents) At place of death

OF MARYLAND ICATE OF DEATH stration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street andWard) number.) ICATE OF DEATH onth)(Day) hat I attended the deceased from Death, or, in deaths from of Injury and (2) Whether or Hospitals, Institutions, Trans-In the State.....yrs....mes... DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more present of the laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. For many occupations a single word or term on yrs). Compositor, who are engaged in the duties of the For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebros pindle fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphiheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) tetapus) may be stated under the head of "contributory." "(Traemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as (secondary carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi or intercurrent) affection need not be Chronic valvular heart disease, etc. The contributory

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PLACE OF DEATH County Dallinova	O4007 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. 33
Village or City Owngr Mells (No. Rosewood	Male Training St.: Cheshard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Abril 172, 1930 (Month) (Day) (Year)
G DATE OF BIRTH June 20 5, 19/2 (Month) (Day) (Year)	APRE S 1920 to APRE 17 1930, that I last saw har alive on APRE 17, 1930,
7 AGE 17 yrs. 9 mos. 28 ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or Fundal State (b) General nature of industry Fuffeloleou For business, or establishment in	(Duration) Junk Moures
which employed or (employer) FELOLE Michael BIRTHPLACE (State or country) Way land	Contributory Secondary 1. (Duration) 71
10 NAME OF Juorge Martin	(Signed) Trangle Kealing M. D.
OF FATHER (State or country) (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Minuil Augle	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Grander (State or Country)	At place Oyrs. 2 mos. 1 ds. In the 17 yrs. 9 mos. 28 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted by block & Scott if not at place of dea h? The block & Scott if not at place of dea h? The state of dea h. The state
(Informant) Frank & Keau & Max (Address) Cewings Micos Tues	Pale of Burial OR REMOVAL DATE OF BURIAL Raplyword Remetry While 182793.6
Filed of 17 1923 17 Tresses Registra	A F Chine Restershow MA
If mora blanks are needed, addre.s Ltate Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g gcd in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is neces-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-DASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Enhaustion," "Heart failure," Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary Whooping cougn; chronic interstitial nephritis, "Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart affection need not be Measles; disease;

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PLACE OF DEATH County Baltimo 18 (31)	01405 STATE OF MARYLAND CERTIFICATE OF DEATH
1 2 200	Registration Dist. No.
Village or City Catonser (No. of french	(If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME / Ary	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tougle White (Write the word)	16 DATE OF DEATH Selection (Month) (Day) (Year)
6 DATE OF BIRTH October 9, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927. to 7.6, 1930. that I last saw here alive on 7.6, 1923.9
7 AGE 69 yrs. 4 mos. 6 ds. If LESS than I day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Must Contributory Must Contributory Must Contributory Manual Melanchola
11 BIRTHPLACE OF FATHER State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 OF MOTHER	(Signed) 1064 (Address) Catomana M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place 2 yrs mos. 8 ds. State State yrs mos. ds.
(State or Country) 14 THE AGOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Have Martin Heisband	Where was disease contracted at place of death it not at place of death? Former or usual residence 1225 h. Band St. Lalto Mal
(Address) 1225 2 Bond Ot	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL VIOLE References Percelar 2-19, 1920.
Filed Feb 16 1930 CL Molfolds Registras	20 UNDERTAKER COOK 12173 Pane 5
If more banks are needed, addre.s Ltate hegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

...definite salary), may be entered as Housewife, House. work, or At Home, and children, not gainfully en-ployed as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a should be used only when needed. As a Spinner, (b) Cotton mill; (a) Salesman. whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer fre state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g. Farmer or Flanter, tion applies to e ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oculass of various pursuits can be known. The ques-Foreman, Tor many especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the occupations a single word or term on Coal mine, etc. Wom-As examples: (a) sman. (b) Grocery; Day

Statement of Cause of Death—Name, first, the DEE EA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Management American Medical Association.) "('E.haustion," "Heart Lunus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions and rered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

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PI	LACE	OF	DEATH	
County	Ba	lti	more	

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STATE OF MARYLAND CERTIFICATE OF DEATH

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	Registration Dist. No.
Village or City Lansdowne (No	Third Ave St.: Ward) (if death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Single White White (Write the word)	16 DATE OF DEATH , 192 , 192 (Month) 27 (Day) / 138 (Year)
July 25th , 1930 (Month) (Day) (Year)	July 25 180 to July 27 180
7 AGE If LESS the I dayhr	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	adorp (Duration) yrs. mos. ds.
(State or country) Lansdowne, Maryland	Secondary (Duratiop) yrs
OF FATHER William J. Martini OF FATHER William J. Martini OF FATHER OF FATHER (State or country) Maryland	(Signed) (Signed) (Address) (Address
12 MAIDEN NAME OF MOTHER LOretta Knochel	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. Stateyrsmosds Where was disease contracted,
(Informant) Elizabeth Knochel	if not at place of dea.h?
(Address) Lansdowne, Maryland	Loudon Park Cemetery July 28, 1,30
0 - 0 - 0 -	ADDRESS

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. ivo. 1.

No. 1 ත්

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Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation goged in domestic service for wages, as Servant, Cook, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. Foreman, For many occupations a (b) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-EAST (*105:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Méasles (disease inges, perilonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

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PARENTS

OF MOTHER

should be stated EXACTL

1PLACE	of DEATI	H vare		
			(No./12	mvoo
	LL NAME	. /	1	arx
PERSON	NAL AND S	TATISTIC	AL PARTICU	ILARS
nale	White	RACE	SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)	Russied
DATE OF BIR	TH J	w.	//	869
		(Month)	(Day)	(Year)
AGE	6/ yrs.	/mo	s. 17ds.	If LESS than I dayhrs. ormin.?
b) General nousiness, or e		Harry in	ev	
State or con	untry) Ma	ryla	nd	
(State or col	Aohn	ryla	nd	
10 NAME OF FATHER	John	ryla h n bern	nd	<u></u>
10 NAME OF FATHER 11 BIRTHPY OF FATH	INAME INAME INAME INAME INAME INAME INAME INAME INAME	ryla h VI error earel	nd norx	knon

KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME In-stead of street and number.)

MEDICA	AL CERTIFICA	TE OF DEAT	Н
16 DATE OF DEATH	Dec.	18	, 1930
1-0-0-1-000-00-00-00-00-00-00-00-00-00-0	(Month)	(Day)	(Year)
17 Lole / V	CERTIFY, That	Lattended the	deceased from
that I last saw h	Malive on le	ee 18	9300
The CAUSE OF DEAT	H * was as follo	we:	
Cereb	rall	eller	elage
***************************************		- 00 0 0 0 0 0 0 0 000, Princip p. p. p. p. 00 11 0 11 0 12 0 12 12 12 12 12 12 12 12 12 12 12 12 12	
Contributory Secondary	(Duration)		
(Signed)) / 1	llas	e M. D
Rec. 19 1930	(Address)	Pensorello	
	isease Causing I	Death, or, In	deaths from

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) In the At place

of deathyrsmosds.	Stateyrsmosdi
Where was disease contracted,	
if not at place of death?	

usual residence.

DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Beito., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthnner, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Weakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease Always qualify all stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping interstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE V. S. No. 1

County Ballerius	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mon W (No IN & STULL NAME May, Elizaber	Registration Dist. No. 0 St: Ward) Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamon John Single Mannell Single Wisewell (Write the word)	16 DATE OF DEATH 52 5 , 1998
6 DATE OF BIRTH Month (Day) (Year)	that I last saw h W alive on Clark One 4, 1970
yrs. mos. ds. lfLESS than day 2 hrs. or 20 min.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 Gistate or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosd
(Informant) Mus. Mangman (Address) Mangman (Address) Porry Road	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Lefer Cenneley Lee 7, 1936 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tired 6 yrs). laborer, Spinner, whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at Lome, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise stutement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Physicum, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons (a) the kind of work and also (b) the who have no occupation 3 Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved, tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondar, or intercurrent) Chronic interstitial nephritis, Whooping cough; Recommendations on Examples: A ceidental drowning; Struck by railway train "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid by Committee on Nomendature of the for malignant neoplasms); Measles; Chronic statement of cause of Example: Measles (disease etc. The contributory affection need not be valvular heart disease,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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(Address)

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PLACE OF DEATH

STATE OF MARYLAND

401 Behn

CERTIFICATE OF DEATH County Registration Dist. No. 43 If death occurred to a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Month) (Day) EREBY CERTIFY, That Lattended deceased from DATE OF BIRTH (Month) (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min.? mos.....ds. OCCUPATION (a) Trade, profession, or parlicular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE Centributory (State or country) Secondary 10 NAME OF FATHER 5 O (Address) 5 3 11 BIRTHPLACE F OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT lal CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL. 12 MAIDEN NAME 00 SUICIDAL OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 18 BIRTHPLACE Al place in the OF MOTHER (State or country) of death yre.de Where was disease appirented. If not al piece of death?. Fermer ar wewal rapidence DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Desler," etc., without more mill; (a) Salesman, (b) Procery; (a) Foreman, mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mane, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from term on the (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths birth or miscarriage as "Publipmenal septichaemia," "Publipmenal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness, eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Heart failure," "Haemorrhage," "Inanision," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Wheeping by railway train-occident; Revolver wound "Dropsy," "Exhaustion," ("Con-

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Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. ECORD WITH UNFADING INK---THIS IS A PERMANENT BINDING RESERVED FOR MARGIN WRITE V. S. No. 1 N. B.-

PLACE OF DEATH County Balts.	08985	STATE OF N CERTIFICATE	
1 7-6	740	Registration I	Dist. No. 70
Village or City 70 WZ (No	Mas	St.: Ward)	(If death occurred ir a hospital or institu- tion, give its NAME in- stend of street and numbar.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE C	F DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month)	2 , 1933 -(Day) (Yeer)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE	that I iast saw has	Y CERTIFY, That I atte	1 1 30
B OCCUPATION (a) Trade, profession or particular kind of work	The GAUSE OF WEA	THE WOOD HISTORY	mage
business, or eatablishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary	Shelp 2	mos de
10 NAME OF Sauvel Mast 11 BIRTHPLACE OF FATHER OF FATHER		6 (Address) Bale	Jun M.D
OF FATHER (State or country) 12 MAIDEN NAME Balbera Mouhausa		Diaraae Causing Death, state (1) Meana of in I or Homicidal. ESIDENCE (For Hospit tesidents)	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, which
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrs	mosds. In the State	ayrsmosds
(Informant) Clarence Most	Former or usual residence		DATE OF BURIAL
(Address) Goldan Wood, Filed Aug 3 1923 7 f. /t. Lucula Registrar If mora bianke are needed, address State Ragistrar	20 UNDERTAKER	C. arthur Balto., Requesting V. S	ADDRESS Wd

(Approved by U. S. Census and American Public Health Association.)

laborer, Statement of Occupation—Precise statement of occupation is very important, so that the relative health. should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewifc, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etr., Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer. Physician, business, that fact may be indicated thus; Farmer (rewhatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day Compositor, stationary fireman, etc. But in many For persons who have no occupation -Coal mine, etc. Wom-

Statement of Quise of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," 'Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mcasles; telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL sephicaemia," "PUERPERAL pcritonilis," ctc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underapproved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Chrmic valvular heart discase; etc. Nomenclature The Sarcoma,, etc., of contributory not be

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PLACE OF DEATH	18 07719 STATE OF MARYLAND
County Balls	CERTIFICATE OF DEATH
11	Registration Dist. No. 44
Village of killmones Russ. held	Maral) (If death occurred in
2 FULL NAME Caff.	a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH July 13, 1950
6 DATE OF BIRTH	(Month) (Day) (Year)
WW 9 185	tuly 9 30 , July 13 , 150.
(Month) (Day) (Year)	that I last saw hair alive on July 13, 19030
78 yrs. mos. ds. or, min.?	and that death occurred on the date stated above, at 5m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Petrud Tuo	nyosandito
(b) General nature of industry	
business, or establishment in which employed or (employed by	(Duration) mos de.
9 BIRTHPLACE (State or country) Ralty. Ind.	Contributory Secondary (Dustion) B. yrs. mos. ds.
10 NAME OF Caniel mathons	(Agned) In Chlieder M. D.
OF FATHER	*State the Disease Causing Death or In deaths from
OF FATHER (State or country) 12 MAIDEN ANE	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER WOORling Morris	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yra. mos. ds. State yrs. mos ds,
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
De la constitución de la constit	Former or
(Informant) Mcll (g) Mather	usual residence.
(Address) Cummus Dun	Oakstaun ben 7/15/. 1.30
Filed July 13 1980 John A. Connelly Registrat	20 UNDESTAVER TOURS 3000
If more bianks are needed, address State Registrar	, 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer - Laborer - the duties of the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Housemaid, etc. (a) Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. If the occupation has been changed -Coal minc, etc. not gainfully em-Grocery; Wom-

Strtement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT BEATHS State MEANS OF INJULY by Committee on etc. The contributory valvular heart disease; Nomenclature Always qualify all of the

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PLACE OF DEATH County Salto	08986 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Jolden Ring (No. 10th Ris 2FULL NAME Vilginia m	Registration Dist. No. 44 St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH May 10 th, 1908 (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than l day hrs. B OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows: Accordantal death. Automobile, secidents caves Struck by an automobile, by forson unknown, while walking on road Old Philadelphia Road. auto? de most de most de des most de mos
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Cocarg	Contributory Secondary (Duration) (Signed) (Signed) (Address) (Address) (Duration) (Signed) (Signed) (Signed)
IN BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 2006 State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transitions or Recent Residents) At place of death yrs described by the State yrs described by the Sta
(Informant) Ralph matrages (Address) 15 7. Patterson Pb. Con. 15 Filed Cong. 2 19270 John B-Combly Registrary	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Levas Chris House 20 UNDERTAKER ADBRESS ADBRESS ADBRESS
Registrar	7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise creating, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

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V. S. No. 1

PLACE OF DEATH	04008 STATE OF MARYLAND
County Baltana	CERTIFICATE OF DEATH
/ And a second s	Registration Dist. No. 30
	Mard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Clance Maria	matthews steed and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR-DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
× × × × 1862	1927 to fire 6 , 1923
(Month) (Day) (Year)	that I last saw has alive on Marin 29, 1923.2,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
68 yrs. × mos, X ds. or min.?	Deabilis mellitus T
(a) Trade, profession or particular kind of work Nounclie Jays work	articospherous.
(b) General nature of industry business, or establishment in	2 4 10
which employed or (employer)	(Durstion) yes 3 inos Y ds.
9 BIRTHPLACE (State or country) Calousville huch	Contributory Secondary M. M. Cons a (Dugation) yes mos 9 ds.
10 NAME OF LESS STROWN	(Signed) That Macul M. D.
OF FATHER (State or country) Will Known	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Day Known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant / one & In allhow	Former or usual residence
1 1 - 1 - 11 1 1 1	MACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Carthur &	TO INDERTAKER TO DORESS OF
Filed 4 1930 HO GUNLEUM	muel & Musley W Billes
If more blanks are needed, addres state Registrate	, 16 W. Saratoga St., Balto., Bequesting V. S. Na. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the worked on may form part of the second statement. nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

BURKAU

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," "Exhaustion," "Heart failure," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tubcrculosis of lungs, men-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJUNY cough; Committee on Nomenclature Chronic chopneumonia (secondary), affection need not be etc. The contributory valvular heart disease; "," etc.), "Dropsy,", "IIaemorrhage,"

If this certificate is looked over theroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Baltimore	13573 STATE OF MARYLAND CERTIFICATE OF DEATH
P.O. P.O. D.	Registration Dist. No. 30
Village or City Color (No. Change of City Co	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Golor or RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nov 5 , 1930
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h 2 alive on Row S, 1970.
7 AGE 19 yrsmosds. If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Concern or country) Concern or country Con	(Duration) yrs mos Tids Contributory Secondary (Duration) yrs mos Side
10 NAME OF FATHER COUNTRY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	(Signed)
(Informant) (Address) Filed 1970 Registrar	Where was disease contracted, if not at place of death? Former or usual residence 19 LACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS PURSTA AM ST
If more branks are needed, address state Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an sary to know Civil engineer, Physician, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Furnier (reto report specifically the occupations of persons enwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEALH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborerwithout more precise specification as Day Compositor, Stationary fireman, etc. But in many For persons who have no occupation (a) the kind of work and also (b) the Architect, -Coal minc, etc. Locomolive engineer, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cewebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Istanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart fajlure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of carbolic acid-probably sucide. The nature of the injury, or as probably such, if impossible to determine definitely approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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V. S. No. 1

County Saltunow	05295	STATE OF M CERTIFICATE	OF DEATH
So DIN	14-a	Registration D	Dist. No. 44
Village or City Shurts Sout Ma 2FULL NAME John a. Ma		St:: Ward)	(if death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE O	F DEATH
Mele White Street (Write the word)	16 DATE OF DEATH	May 51	, 19 30
6 DATE OF BIRTH June /6 , 1882 (Month) (Day) (Year)	that I last saw h	CERTIFY, That I atte	and the terms of the second
7 AGE If LESS than 1 day hrs. or min.?	and that death occurre The CAUSE OF DEATH OUT OF	y was as follows:	above, at 3:35 Pm.
(a) Trade, profession or particular kind of work	***************************************	Heno	theye,
(b) General nature of industry business, or establishment in which employed or (employer)		(Durstion)	yrsds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Heury Means 11 BIRTHPLACE OF FATHER (State or country) Auburn pehnekilo Bo Co 12 MAJDEN NAME OF MOTHER CANOLINE Bashare 13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 14 Country 15 BIRTHPLACE OF MOTHER OF MOTHER 16 COUNTRY 17 COUNTRY 18 BIRTHPLACE OF MOTHER OF MOTHER OF COUNTRY 18 BIRTHPLACE OF MOTHER OF	Accidental, Suicidal or 18 LENGTH OF RESI ients or Recent Resi At place	ease Causing Death, e (1) Means of Inju-Homicidal. DENCE (For Hospits dents)	or, in deaths frem ury and (2) Whether
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contractif not at place of death?	cted.	yrsds.
(Informant) Min G. Maus (Address) Let sum Pa 15 Filed May 21 L 1923 H. ffly myerly D Registrar	Former or usual residence	ORREMOVAL I	May 24, 1930 ADDRESS Lebrum Pa
If more branks are needed, address State Registrar,	16 W. Saratoga St., Ba	ilto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealr," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY Whooping cough; Chronic valvular heart disease, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid etc. The contributory

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
A. mail.	Registration Dist. No.
Village or City worm Mille (No.	St: Ward) (If death occurred in a hospital or Institu-
2 FULL NAME Sene Agnes	tion, give its NAME Ir- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Wildowed: Single OR DIVORCED. (Write the word)	16 DATE OF DEATH 22 nd , 1930 (Month) (Day) (Year)
# DATE OF BIRTH Feb. 27th, 1902	Prov. 1, 1930 to the 22, 1830,
(Month) (Day) / (Year)	that I last saw har alive on The 12, 192,
7 AGE If LESS than 1 dayhrs.	
2 8 yrs. 9 mos. 24 ds. or min.?	
(a) Trade, profession or particular kind of work	Oulmonary Taherenbor
(b) General nature of industry	1 Dept. 3
which employed or (employer)	(Duration) re. mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) / yww
10 NAME OF FATHER John, Marwell	(Signed) M. D.
OF FATHER (State or country) (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Thrie Woodsuff	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informat) Bruce & Maxwell	Former or usual residence
(Address) Owings mills ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLANE PLANE PLANE NEW 24 19 20
Filed Lac 22 1930 Synslada	Hur Cook 1217 St. Bank
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specincation as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return" (Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect of to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal efever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart lauure,
> "Old Age," "Shock,"
> "Transition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause-for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway-traincan be ascertained as the cause. Always qualify all (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease The contributory

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V. S. No. 1

2

	PLACE OF DEATH County Balto Village of City Freeland RD(No.	0195 STATE OF CERTIFICATE Registration	OF DEATH
Hicare.	2FULL NAME LESS. M. Me a	bee.	(If death occurred in a hospital or institu- tion, give its NAME it- stead of street and number.)
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE Clause (Write the word)	16 DATE OF DEATH ON . (Month)	19 , 1920 (Day) (Year)
2 20 80	Mer 16th 1859, +	17 AHEREBY CERTIFY, That I st	and the deceased from
Istruction	(Month) (Day) (Year) 7 AGE [If LESS than I dayhrs. or min.?	and that death occurred on the day stated. The CAUSE OF DEATH * was a follows:	1 above, at 8 15Pm.
(a) par (b) bus wh	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cavilia D	there)
	which employed or (employer) Jarus. BIRTHPLACE (State or country) Balto Co Jud	Contributory Secondary (Duration)	Golden de
is very	11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	Signed To 1930 Address Min	" Fredon
	OF FATHER (Stato or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Piscase Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	
	13 BIRTHPLACE OF MOTHER (State or country) Dorch Revow.	ients or Recent Residents) At place In the	
10 7112	(Informant) & S. Marchant	if not at place of death?	
lacom	(Address) New Freldow Pa	Ospland Combery	Jaw 22, 1930
0	Filed Ly 21 198M. Conluct Registrar	Hartenstens Miniewake	And Die Kel
	If more banks are needed, addro.s tate Registrat	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housenard, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b). Grocery;

Statement of Cause of Death—Name, first, the Disease II (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valuular heart disease, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Example: Mcasles (disease contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain torms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

4. S. No. 1

	PLACE OF DEATH	2 6 04 005 STATE OF MARYLAND
	County Geltimore	CERTIFICATE OF DEATH
	D	(129) Registration Dist. No.
	Village or City Bengues (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
	2FULL NAME WATER OF MY	Sulmer stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jemalo White Single, Married, Widowed. CR DIVORCED (Write the word)	16 DATE OF DEATH MICE (Month) (Day) (Year)
6	6 DATE OF BIRTH Oct 21, 1849	17 I HEREBY CERTIFY, That I attended the deceased from MILL 20 1930 to The I TT 1930, that I last saw h & alive on ASSU II. 1930.
	(Month) (Day) (Year Tage (Month) (Day)	and that death occured on the die stated above, at
	Co & I day hrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	Extraction & Cours
	(a) Trade, profession or particular kind of work	Chronic interatition ne phritis cutor
1	(b) General nature of industry business, or establishment in	(Duntion) yrs mas f ds.
1	which employed cr (employer)	Contributory Classelle parterior selevision
2	9 BIRTHPLACE (State or country Jennsylvania	Secondary Aurewood y yie mos de
600	10 NAME OF James Smith	(Signed) (Address) (Address)
20	OF FATHER (State or county) Envisylvanca	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER Margaret Waltham	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 DIRTHPLACE OF MOTHER	At place of death yrs
	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Jours N Lingue Helden	Former or usual residence
ateme	(Address Bengies Mo	Prince Ridge array 9. 130
100	15 Filed Upril 28 1980 John G. Cornelly Registral	Leo Smith Holling
	16 more hanks are needed, addruse State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Assaciation.)

tired 6 yrs). For persons business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton nell; (a) Salesman. b) (1.09; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager," "Dealshould be used only when needed. As evanile . . . additional line is provided for the latter statement : it nature of the business or industry, and theef to an sary to know the first line will be sufficient, e.g., T. rmer or Planter, tion applies to each and early preven, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Frecise statement of ocplayed, as At school, or At home. Care should be taken cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None Housemaid, etc. If the occupation has been changed Physician, Compositor, Archived, report specifically the occupations of persons enet ... For many occupations a single word or term on Furm laborer, At Home, and children, without more precise specification as Day Stetionery firemen, ct. But in many a the kind of work and also the Laborerwho have no occupation -Coul mine, etc. Wom-Locomolive not gainfully emengineer

Statement of Cau e of Death—Name, first, the DISLEASE CAUSING DEAT : the print try affection with respect to time and causation, u. galways the same accepted term for the same district. Franches: Cerebrospinol fever (the only deficite sylvenym is "Updemic cerebrospinal mentalitis"); Diphtheria avoid u e of "Tours"; Typhoid fever never report "Typhoid Phouronia"; Tobbar preumonia Bronchoppeumonia "Pneumonia."

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock." "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of 'contributory' or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HO HCH A., State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anacmia" (merely symptomcausing stated unless important. Example: Measles (disease (secondary or intercurrent) inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences le g., se Nis, carbolic acid-probably suicide. The nature of their Jury, accident; Revolver wound of head-homicide; Poiso: ed by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJU. Y can be ascertained as the cause. Always qualify II Chronic interstitial nephritis, use of "Tumor" for malignant neoplasus); Me.sles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of carse of death Whooping cough; Chronic (name origin; "Cancer" is less definite; a void "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the etc. The valvular heart disease; affection need contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. . he data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH
1	County Baltimore
Vil	llage or City Eklo (No.
	A 1 1.
	2FULL NAME / helma Gene /
	PERSONAL AND STATISTICAL PARTICULARS
H	MARRIED, WIDOWED, Son DIVORCEO (Write the word)
5 [DATE OF BIRTH
	May 29, 1930 (Month) (Day) (Year)
7 A	IIFLESS than
	I day 5 hrs.
	yrs. mos. ds. or min.?
)	b) General nature of industry susiness, or establishment in which employed or (employer)
9 8	(State or country) Maryland.
	10 NAME OF FATHER Samuel a Mc Cartha?
NTS	11 BIRTHPLACE OF FATHER
出	(State or country) Unguna
PAR	OF MOTHER Moras Vinginia Milelev.
	13 BIRTHPLACE
1	OF MOTHER
4 .	OF MOTHER (State or country) Uniquing,
14	
14	(State or country) (manna,
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

05293 STATE OF MARYLAND CERTIFICATE OF DEATH

14-2

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No. 35

number.)

Ward)

(If death occurred in a hospital or institu-

tion, give its NAME is stead of street and

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from that death occurred on the date stated above, at .. CAUSE OF DEATH * was as follows: (Duration) . mos..... Contributory Secondary (Duration) Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether Causes, Accidental, Suicidal or Homicidal. ENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents) In the lace eath. re was disease contracted. ot at place of death? er or residence DATE OF BURIAL

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal furer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

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ENTS

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V

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF

	PLACE OF DEA	1		
	County 230000	* 07 + 7 000 8 00 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
1	lage or City Alyn	don mo	/ (No	20
	2FULL NAME	Barb	a Ell	en 1
	PERSONAL AND	STATISTICA	L PARTICU	LARS
0	male whi	Ti-	Write the word)	
•	DATE OF BIRTH	Tug (Nighth)	(Day)	, 1(Year)
-	inhnoud of	Seed mos		If LESS than I day hrs. or min.?
	OCCUPATION a) Trade, profession or particular kind of work b) General nature of in	mos mos		l day hrs.
	OCCUPATION a) Trade, profession or	ndustry		l day hrs.
- CO	DOCCUPATION a) Trade, profession or sarticular kind of work, b) General nature of in usiness, or establishmen	ndustry		l day hrs.
- CO	occupation a) Trade, profession or articular kind of work b) General nature of incusiness, or establishmen which employed or (emplemental enterty) EIRTHPLACE (State or country)	ndustry nt in cloyer)		l dayhrs.
- CO	occupation a) Trade, profession or articular kind of work b) General nature of incusiness, or establishmen which employed or (emplemental enterty) EIRTHPLACE (State or country)	ndustry	Peteries J.	l day hrs. or min.?

STATE OF MARYLAND CERT!FICATE OF DEATH

Registration Dist. No. 3

Ward)

(If death occurred in a hospital or Institu-

3615 Cherten

nc bauley.	tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICAT	E OF DEATH
	22, 192.30 (Day) (Year)
Or 1 12 19230, to	attended the deceased from
that I last saw har alive on alive	192,
and that death occurred on the date sta The CAUSE OF DEATH * was as follows	
Emberse F	Lecontage
Contributory Caralless Secondary	Johnson J. da.
(Signed) The Control (Signed) 19 19 19 19 19 19 19 19 19 19 19 19 19	
*State the Disease Causing Der Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Ho	ospitals, Institutions, Trans-
At place In of deathyrs	the Stateyrsds.
Where was disease contracted, if not at place of death?	**************************************
Former or usual residence	444 5 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19 PLACE OF BURIAL OR REMOVAL	Oct 25 , 19 30
20 UNDERTAKER	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servand, Cobs., Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Loborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary firemon, etc. But in many Architect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospingle fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menlelanua) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephrilis, cough; or intercurrent) affection need Chronic Carcinoma, Sarcoma, " "Coma," "Convulsions, valvulor heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Exact --Every item of information should be carefully supplied ACE should be stated EXACTLY, I CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. WRITE

PLACE OF DEATH	\$18982 STATE OF MARYLAND CERTIFICATE OF DEATH
County Baltimore	
	Registration Dist. No. J
Village or City Towson (No. 300 W. C.) 2FULL NAME Body 11 Clure	(If death occurred in a hospital er institu- tion, give Its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STNGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH Aug (Day) (Year)
6 DATE OF BIRTH Oug 9, 1930 (Youth) (Day) (Year)	that I last eaw h alive on the last eaw h 192 ,
S CCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)
10 NAME OF EATHER Client 9. Ul Cliene. 11 BIRTHPLACE OF FATHER (State or country) Ull c	(Signed)
12 MAIDEN NAME OF MOTHER Suratury A. Abelber 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Q. J. M& Sline	if not at place of death? Former or usual residence.
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Registra

If more banks are needed, address State Registra, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : 'a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile foctory. The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many Physician, Compositor, Architect, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write Nonc. or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Loborer-Coul mine, etc Womwithout more precise specification as Day For persons who have no occupation Salesman. (h) person, irrespective of Locomotive engineer, The ques-(ironay)

Exacement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrosepinal fever (the only definite synonym is "Epidemic cerebrosepinal meningitis"); Diphilieria (avoid use of "Croup") "uphoid fever (never report "Typhoid Pneumonia"); i abar pacumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

as fracture of skull, and consequences (e.g., sepsis, tclanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. ". Transition," "Marasmus," "Old Age," "Shock," "Urnemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Huemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: A ceidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic Carcinoma, Sarcoma,, etc., of etc. valendar heart disease; Always qualify all The contributory Mensles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	()7717 STATE OF M	MARYLAND
	County Baltimore	CERTIFICATE	OF DEATH
		(78) Registration I	Diet. No. 33
v	illage or City Oungo mells (No.		(If death occurred in a hospital or institu- tion, give its NAME it -
	2FULL NAME Rosa mc Cool		stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
	Yemale White Single, Married, Single Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH July (Month)	29 , 1930 (Day) (Year)
6	DATE OF BIRTH august 15, 1900	17 I HEREBY CERTIFY, That I atte	nded the deceased from
	(Jonth) (Day) (Year)	that I last saw her alive on July	28 , 1930,
7	29 yrs. 11 mos. 14 ds. or min.?	and that death occurred on the date stated the CAUSE OF DEATH * was as follows:	nbove, at 5:30 a.m.
	occupation (a) Trade, profession or particular kind of work	Imbecile	701
de i	(b) General nature of industry Roseword State business, or establishment in Training School	Idiopathic Spe (Duration) 29	yrs A mos 14 ds.
	BIRTHPLACE (State or country) Waryland	Contributory Spilefile Co	mediate,
•	10 NAME OF Unknown	(Signed) George C, Medai	гу М. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State the listase Causing Death, Violent Causes, state (1) Means of Injunctional.	
PAR	OF MOTHER Julia Vic Cool	18 LENGTH OF RESIDENCE (For Hospita	
	13 BIRTHPLACE OF MOTHER (State or Country) Whikmore		19 yrs. 1/nos. 14 ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of doa.h?	ital
	(Informant) Roseword State Training. (Address) School prings will Said	usual residence Mariflan 19 FLACE OF BURIAL OR RENOVAL	PATE OF BURIAL JULY 30. 1926
15	Fileduly 29 19236 H. M. Slade Registral	20 UNGERTAKER Elwie Russ	whom My
	If more banks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S.	, ho-1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Screant, Cook, Lousemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptcd term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death "(E.haustion," "Heart Innus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Always gualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease Example: Measles (disease etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEAT

> (If death occurred in a hospital or institution, give its NAME in stead of street and number.)

MEDICAL CERTIFICATE OF DEATH That I_attended the deceased from

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-

400 Ceul

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may ferm part of the second statement.

Never return "Laberer," "For man," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term en home, who are engaged in the duties of the yrs.. For persons who have no occupation KHOW Compositor, Architect, (b) Automobile factory. The materia. (a) the kind of work and also (b) the Locomotive engineer, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the Disease of Cause of Death—Name, first, the Disease of Cause to the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebros inal meningitis"); Dinktheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on or intercurrent) affection necd Chronic valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions an avered in detail, it will prevent further correspondence. All the data is essential and mustake ortained before the certificate is permanently used.

RECEIVED

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

	PLACE OF DEATH	06489	STATE OF M	OF DEATH
1	age or City Freeland. RD, (No.	®		Dist. No. 3 5
	2 FULL NAME RUSSELL. Ellswort	L Me Gou	1	Ion, give its NAME in- ctead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Surgle	18 DATE OF DEA	June (Month)	3 (Day) , 1930
10	rale Plute OR DIVORCED (Write the word)	17 I HEREBY		tended the decensed from
6 D	ATE OF BIRTH	Oct 1	1929, to fr	me 3 ,1920
	May. 27 11907	that I last saw h	Case alive on Ske	ue 5 , 1907e,
7.00	(Mgath) (Day) (Year)	and that death occ	urred on the date state	d above, at 12 4. P.m.
	JE If LESS than I dayhrs. or min. ?	The CAUSE OF DE	ATH 🎋 was as follows:	
000	a) Trade, profession or Capes finisher b) General nature of industry	Chrow	Culvears Tral Ster	lelis seis)
9 18	or country) Ballo C Nid.	Contributory Secondary	(Duration)	yrzmos de.
	10 NAME OF Elmer E. McBoy.	(Signed) January 4 192	elly Stra	waber Po
ARENTS	II BIRTHPLACE OF FATHER (State or country) Jorke Ca.	001 1 11	Disease Causing Death state (1) Means of Inj	, or, in deaths from ury: and (2) whether
PAR	OF MOTHER Margarex B Turnbang		ESIDENCE (For Hosp	itals, Institutions, Trans-
ACOM	13 BIRTHPLACE OF MOTHER (State or country) Salto C. Qued,	At place of death yrs Where was disease cor	ntracted.	e,yrs mosds.
14 '	(Informate Marie Bower)	if not at place of death Former or usual residence		**************************************
	(Address) Freeland Hed II Dr	media Con	RIAL OR REMOVAL	DATE OF BURNAL
15	Filed M. 4 1930 Samuel S. Miller Registrar	20 UNDERTAKER	1 man sker	Address Med Sine Jud
	If more blanks are needed address State Registres	18 W Saratoga St	Ralto Requesting V	8 No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (u) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Latever, write None. Housemuid, etc. to report speelfically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material tired 6 yrs.). Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumania,")

head of "contributory." quenees (e.g., sepsis, tctanus) may be stated under the Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or "Puerperal septicacmia," "Puerperal peritonitis," etc. can be ascertained as the eause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. stated unless important. Example: Measics (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; mgcs, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause diseases resulting from childbirth or misearriage as "Uraemia," "Weakness." etc., when a definite discase "Dropsy," "Exhaustion," "Heart failure," "Hacmorcausing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be(name origin; "Cancer" Is less definite; avoid vulsions," Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.); for which surgical operation was under-Never report mere symptoms or terminal (Recommendations on state-"Anaemia" (second-(merely

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S. No.

PLACE OF DEATH County Ballo	01402 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Scarif (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (If LESS than I day	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. 21.ds. Contributory Cycharation
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant) John In Daniel (Address) Proodsloss Ind Filed 2 6 1920 H 7 Shifterar	Where was disease contracted, if not at place of death? Former or usual residence
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or, At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation not gainfully em-""Deal-Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. zhopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature Chronicetc. The contributory valvular heart disease; Always qualify all

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S. No. 1

	County DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40
1	Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The state of the s	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MAY (Wenth) (Day) (Year)
	6 DATE OF BIRTH Mul (Day), 1236 (Year)	17 I HEREBY CERTIFY That I attended the deceased from 1925 to May 1925 to 1925 that I last saw by alive on 1925 that I last saw by
	7 AGE If LESS than day / Ohrs. or	and that death occurred on the date stated bove, at
or Beneath or	(a) Trade, profession or particular kind of work. (b) General nature of industry husiness, or establishment in which employed or (employer).	(Duration) yrs mos ds
	9 BIRTHPLACE (State or country) many find 10 NAME OF FATHER ullquelyme ong	Contributory Secondary (Suration) (Signed) (Signed) (Signed) (Address) (Address)
	OF FATHER (State or country) 12 MAIDEN NAME) OF MOTHER 13 BIRTHPLACE	*State the I is ase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
	OF MOTHER (State or Country) MMMMMM	of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of dea.h?
X	(Informant) (Address)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Eldor Farm Hyde Wdu May 16, 1980
	Filed May 15 197 30 J. H. Lusuch	Clarence E. atthur From My
1	U 1: more banks are needed, address tate Registral	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. I.

t she at

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestle iirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g: gcd in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons For many occupations a single word or term on yis). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many en-

Statement of Cause of Death—Name, first, the DISERAGE CAUSING DEATH (the primary affection with respect to time-and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all "Exhaustion," "Heart ranger," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death or as probably such, if impossible to determine definitely, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature not be disease;

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5

1930

PLACE OF DEATH 6136 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY by classifficate. (if death occurred in a hospital or institution, give its NAME it stend of street and number.) 2FULL NAME cpci PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. Marrie be be may be n back WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 1, HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH instructions that (Day) unalive on (Month) IIf LESS than and that death occurred on the date-stated above, at 7 AGE 1 day hrs. The CAUSE OF DEATH * was as follows: supplied terms ds. or min.? B.OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) 4 ls. Should E CF DE 10 NAME OF 11 BIRTHPLACE Causing Death, or, In OF FATHER the 1 is ase CAUSE CAUSE PARENT Violent Causes, state (1) Means of injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Hospitais, Institutions, Trans-18 LENGTH OF RESIDENCE (For inform state SCU2/ ients or Recent Residents) should state 13 BIRTHPLACE At place of death OF MOTHER State.....yrs.....mos.... (State or Country) Where was disease contracted, if not at place of dea.h? 14 THE ABOVE IS TRUE TO Every Item CIANS shou Former or usual residence (Informant) DATE OF BURIAL (Address) Filed Revistrat If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Scrvant, Cook, er, etc., William laborer, Laboreradditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physicum, the first line will be sufficient, e. g., Farmer or Planter, to report ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement Foreman, d be used only when needed. As examples: (a) For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many -Coul mine, etc. Wom-The ques-

spinal meningitis"); Divhtheria (avoid use of "Croup"); feech (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Ccrebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "PUERPERAL seplicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; by Committee on intercurrent) Chronic affection need not be etc. The contributory valvular heart Nomenclature of the discase;

answered in detail, it will break



WRITE

V. S. No. 1

PLACE OF DEATH	02652 STATE OF N	
County Baltimore	CERTIFICATE	OF DEATH
	Registration I	Dist. No. 20
Village or City Catonsville (No. 115 Melvin 2FULL NAME Neal Laurence McFee	1 Avenue St.: Ward)	(if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
Male White Single, Widowed. White Write the word)	March 20,	
5 DATE OF BIRTH January 16, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I atte	r. 20 , 19230
7 AGE If LESS than 1 day		above, at 9:00 P. m.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yrs
9 BIRTHPLACE (State or country) Maryland	Contributor Secondary (Duration)	
10 NAME OF FATHER GEORGE C. McFee	(Signed See Catons Jun. 21 1930 (Address) Catons	wille, Md.
OF FATHER Z (State or country) Maryland	*State the l'is ase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	1- d
of Mother Patricia LeGourd 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospit lents or Recent Residents) At place In the	als, Institutions, Trans
(Informant); George C. McFee,	Former or usual residence	
(Address) 115 Melvin Ave. Catonsvil	19 PLACE OF BURIAL OR REMOVAL Loudon Park 20 UNDERTAKER	Mar. 21, 1930
Filed 195 Aller Registro	Easton Sons	Ellicott City
If more banks are never have a Kegistran	r, 16 W. Saratoga St., Balto., Requesting V. S	i. No. 1. Md.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthg ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Parmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL perilonilis," eleean be ascertained as the cause. Always qualify all "Erhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia, 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and eonscquences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; ""Weakness," etc., when a definite disease ChronieExample: Measles (disease affection need etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		WR
V. S. No. 1	(T

Co	PLACE OF DEATH unty Salfunore	16158	STATE OF MARYLAND CERTIFICATE OF DEATH
		158-e	Registration Dist. No.
Villag	e or City Toundallsfours!	1 /	St: Ward) (if deeth occurred in a hospital or institution, give its NAME is steed of street and
	2FULL NAME John Me)	owaw	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE OF DEATH
no sex	de de color or race 5 single, MARRIEB, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
6 DA	TE OF BIRTH	17 I HEREB	CERTIFY, That I attended the decemed from
	(Month) (Day) (Year)	thet [iest sew h	192
7 AGE		-	urred on the date stated above, at
	7 \ yrs. 4 mos. 8 ds. or min.		ATH * was as follows:
Вос	CUPATION Trade, profession or	Propin	nece resulting to a
part	icular kind of work	long s	fruck las antonial
busi	General nature of industry iness, or establishment in ch employed or (employer)		(Duration) yrs. mos. ds.
9 BIR	THPLACE	Contributory Secondary	
	State or country) NAME OF NAME OF	00	(Duration) Fred mos de.
	FATHER Solm mc Gowan	(Signed)	Paris Peline orle
N T	OF FATHER (State or gountry)	*State the Violent Causes,	l'israse Causing Death, er, in deaths from hastate (1) Means of injury and (2) Whether all or Homicidal.
1	2 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF R	ESIDENCE (For Hospitels, Institutions, Trens-
1:	3 BIRTHPLACE OF MOTHER	At place of death yrs	In the
14 TH	(State or country) E ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE	Where was disease con if not at place of de	ntracted,
	(Informant) John / Loma Baxter	Former or usuel residence	
	(Address) Owngs hulls mo	Holy 7	ily born Sest 20, 30
15 F	iled 9/19/30 192 M. M. Buf for Registrat	ZO UNGERTAKER	Roupou 2938 1
	if more blanks are needed, addre's State Registr	ar, 16 W. Saratoga St.	, Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy Jaborer, Farm laborer, Luborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. us At school, or At home. Care should be taken work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to cuch and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DIS-EA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." stated unless important. approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Associa (Recommendations on statement of cause of death (secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory affection need Nomenclature not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent arther agreementer. All the data is essential an must be obtilized before the tradificate is permanently filed.

CORD

X	PHYSI-
CORD	EXACTLY, by classified floater
WRITE NLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.
INKTHIS IS	'uily supplied. A plain terms so tint. See instructi
TH UNFADING	should be caref E OF DEATH in is very importa
NLY, WI	of information id state CAUS
WRITE	BEvery item colans clans shou statement of
	ż

V. S. No. 1

PLACE OF DEATH	04776 STATE OF MARYLAND
County Baltimore (35)	CERTIFICATE OF DEATH Registration Dist. No. 444
Village or City Edgemere (No. Sparrows 2FULL NAME Edward B. McGranaha	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE. Widowed MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Apr. 30 , 1920
Dec. 19, 1860 (Month) (Dsy) (Year) 7 AGE	that I last saw h Manalive on Communication on the date stated above, at
68 yrs. 4 mos. 11 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * was as follows: // Contributory Manne Parisonal
9 BIRTHPLACE (State or country) Pa. 10 NAME OF FATHER John A. McGranahan 11 BIRTHPLACE OF FATHER C (State or country) Pa.	(Signed) — (Duration) — (Signed) — (Duration) — (Duration) — (Signed) — (Sign
12 MAIDEN NAME OF MOTHER Harriet Hunter 13 BIRTHPLACE OF MOTHER Page	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds.
(Informant) Mrs. Mildred Reisinger (Address) Sparrows Joint Road 15 Filed May 2 M192 30 M. McCommissions. (Registrar	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Sharing Pa 20 INDERTAKER ADDRESS 15 Light St
lf more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

should be used only when needed. As examples: (o) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory firemon, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation But in many 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic affection need volvular heart disease; not be

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PLACE OF DEATH	10159 STATE OF MARYLAND
County Ballons	CERTIFICATE OF DEATH
all a	188-c Registration Dist. No.
Village or City harrow fourt (No. 11/6, F.	St.: Ward) (if death occurred in a hospital or institu-
2FULL NAME Paul G. M.	re Grath stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Seflences 22, 1920 (Menth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
25 yrs. 11 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	acidental electron Courselly his autorolis
(a) Trade, profession or level at	with a telephone pola on Wise Ore in the 15th Election des
(b) General nature of industry business, or establishment by HA 1	triot Palto, Co. md. (Duration) yrs. 1708 de.
business, or establishment by the the Ttel 6	Contributory
9 BIRTHPLACE (State or country)	Secondary acting Source mos. de.
FATHER Q, I, Inc Grath	(Signed Livinger & Banners M. D.
II BIRTHPLACE OF FATHER	Deptaralia 19236 (Address) R. 10 B. 48 Mother VIV
(State or country) Melan d	*State the Discase Causing Death, or, in donn't rem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Tinknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country) heland	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant Bethlehem Iteel Co	usual res.dence
(Address) Tharas Point md	Tharon Pa Jest 24 1930
15 Filed Syn 22 1920 G CM Conwing My	John F Denny 715 diglt St
	7. 16 W. Saratoga St., Baito., Lequeling V. S. Iso. 1.
more blanks are necued, address tate negistra	The state of the s

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queslaborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injulia American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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PLACE OF DEATH

PLACE OF DEATH	07153 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
/ 8 - 0 1 1 1 1 1 1 1 1 1	Registration Dist. No.
Village or City EUDOWOOD SANATORIUM, TOWSON,	tion, give its NAME in
2FULL NAME algnes fuc Gi	stead of street nno
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale White SINGLE, MARRIED Widowell or DIVORCED (Write the word)	16 DATE OF DEATH 22 , 1930
Security 20, 1868	that I last saw here alive on well 22, 1980.
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 8, 45% m
moa, de l day hrs. or min.?	De de la
(a) Trade, profession or particular kind of work (b) General nature of industry	Authority menority
business, or eatablishment in which employed or (employer)	Contributory (Duration) / 3 yrs mos de
9 BIRTHPLACE (State or country) Quico	Secondary Secondary Durstion) 9 378 mos de
10 NAME OF Liquid Wall	(Signed) M. Duillet M. D. Duillet M. D. D. D. Maryland.
of Father (State or country) august	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Selle Sake	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Lunsylvania	At place of death yrs
Hospital Records Personal History	Former or 10 faurth au Landsdaum hef
Eudowood Sanatorium, Towson, Md.	19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL Wash to WW. Alevel 95, 1986
15 Filed free 22 130 July Butter Def	20 UNDERTAKER COOP 1217 St Cause
If more b.anks are needed, addre.s Ltate Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on 0 The ques-Grocery;

Strtement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anacmia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Chronic vareman Nomenclature Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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	06490
PLACE OF DEATH .	STATE OF MARYLAND
County (alternary	S CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City parows 104Not 263	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jeme 101, 1930	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
l day hrs.	The CAUSE OF DEATH * was as follows:
yrsde. ormin.?	A find finding
B OCCUPATION (a) Trade, profession or	will von
particular kind of work	(6 ms)
(b) General nature of industry business, or establishment in	(Durstion) yrs. mosde.
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF PO Min 4	(Duration) yre
FATHER CLARGE My im	(Signed) 1 1923 OAddies Sharaw stars
M II BIRTHPLACE OF FATHER	
Z (State or country) 12 MAIDEN NAMEON (State or country)	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Derthale Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of death yrs nos ds. In the State yrs nos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
as Dethe Collection	usual residence
(Informant) Con have one of the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sparrew Soint	Cent to Johns Hopkins, 19
15 Per la 3 Gonol	20 UN DERTAKER ADDRESS
Filed fund // 19230 J. J. J. J. J. J. J. J. Registras	Matinical Salor Sory
If more banks are needed, addre a tate Kegistral	, 16 W. Saratoga St., Balto., Auguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Trousemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material report specifically the occupations of persons en-6" yrs). For persons who have no occupation For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary freman, etc. But in many (b) Grocery;

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrosrinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH S	04006 STATE OF MARYLAND
County 15 Welliuote	CERTIFICATE OF DEATH
Village or A archmont (No. 2404 Por	Registration Dist. No. 10
	a hospital or institu-
2FULL NAME Issept B. M. A	aughlin tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single Male While (Write the word)	16 DATE OF DEATH April 11 , 1930 (Year)
6 DATE OF BIRTH March 19 1930	17 I HEREBY CERTIFY, That I attended the deceased from March 19 1930 to april 11, 1930,
(Month) (Day) (Year)	that I last saw h Mm alive on april 11 , 1930,
7 AGE If LESS that dayhr: dayhr: dayhr: or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or Particular kind of work None	Congenital Syphilis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) - yre - mos 23 de.
9 BIRTHPLACE (State or country) Baltimore Co. Md.	Centributory Secondary (Duration)
10 NAME OF Joseph B. Mchaughlin	(Signed) Charles, C. Conser M. D. ap 11 1930 (Address 101 N, Fullon are,
of Father Gate, M. (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Thank Ethel Helm	IS LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) Office At place of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea h?
(Informant) Joseph B. M. Laughlin	Former or usual residence
(Address) 2404 Poplar Drive.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Maria 1 1920
15 File Offil 12 136 C Mattfeldt Registra	20 UNDERTAKER OF LOT 1600 W MWITH
If more blanks are needed, addre.s tate Negistr	at, 16 W. Saratoga St., Bullon Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomolive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal lever (the only definite synonym is "Epidemia cerebros, inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> tclanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Scnile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: *Measles* (disease Chronic valvular heart disease; etc. The contributory ," "Convulsions,

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Diat. No. classifi 2FULL NAME proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLORIOR BINDING That I attended the docessed (Month) (Day) IIf LESS than and that death occured on the date stated above, at 7 AGE I day hrs. SERVED ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry a business, or establishment in (Duration) yrs mos /4 which employed or (employer Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) ۵ 10 NAME OF II. 0 8 11 BIRTHPLACE 00 LL W Z Z *State the Discase Causing Death, or, In 20 (State or country) Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For liespitals, Institutions, Transinform occup/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country) item of should Where was disease contracted, if not at place of death?... 14 THE ABOV Every item CIANS shot statement usual residence If more b.anke are needed, addrosa State Registrar, 16 W. Saratoga St., Balto., Requesting

(If death occurred in a hospital er institution, give its NAME Inof street and

deaths from

and

number.)

(Approved by U. S. Census and American Public Health Association.)

en at home, tion applies to each and every person, irrespective of fillness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. We er return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. tion is very important, so that the relative health nner, (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The For many occupations a single word or term on or yrs). Farm laborer, Loborer-At Home, and children, without more precise specification as Day who are engaged in the duties of the For persons who have no occupation -Coal mine, etc. Locomolive engineer, not gainfully em-(6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever in ver report "Typhoid Pneumonia"); Lobar preumonia. Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite: avoid stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meusles; " [Traemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septimenia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; telanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by taken. For violent deaths state means of injury as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved (Recommendations on statement of cause of American Medical Association.) "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the "Marasmus," "Old Age," "Shock," Chronic etc. affection need not be vabrular . heart The contributory disease;

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V. S. No. 1

PLACE OF DEATH	13574 STATE OF MARYLAND
County County A	CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City Sikewille (No. Confed. S. 2FULL NAME Cornelius).	Muhair St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SHINGE. Wishows WIDOWED. OR SHYORGED (Write the word)	16 DATE OF DEATH November 25, 198 30 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Months, 193 countries and last saw ham alive on Nov 20 , 193 countries and 193 coun
about 88 yrs. mos. ds. or min.	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos 14 d
9 BIRTHPLACE (State or country) New Quleans	Contributory Sepondary Sepondary Duration) Duration
10 NAME OF FATHER Unhnoun	(Signed) De Organia M.
OF FATHER (State or country)	*State the Disease Causing Death, c, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Tanharow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs des State yrs mos de State
(Informant) Hathu Broderick	if not at place of dea.h? Former or usual residence
(Address) St. Thomas Church Wishorg	an new Cathedral nov 27, 103
Filed for 26 19230 & E Weshod Registrar	Chenowith Son 3615 Chief
If more beanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed us At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Laborer, Form loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be-known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Gracery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEAL 3 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on tetapus may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepeis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicuemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condior intercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature of the discase; not be

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PLACE OF DEATH	13575 STATE OF MARYLAND	
County Balleur one	CERTIFICATE OF DEATH	
Village or City Woodlawn (No. Johnny) 2FULL NAME Mary & Mile	Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale Mate Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH // 2/ , 1930 (Month) (Day) (Year)	
6 DATE OF BIRTH Of 6, 1	17 I HEREBY CERTIFY, That I attended the deceased from Noo S 19230 to 1900 21 19231	
(Month) (Day) (Year) 7 AGE Month (Day) (Year) If LESS than day hrs. ds. or min.	and that death occurred on the date stated above, at 15 m. The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or Housework	Gerelral Hemonlage	
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Auture Sellibris de	
10 NAME OF HONGE JONES	(Signed) Washall B wat M. D. NOO 22 192 30 (Address) Catouruells Jud	
OF FATHER (State or country) England	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME OF MOTHER NAMMAN Nelvoyd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
OF MOTHER (State of Country) England	At place of death yrs mos. ds. State yrs mes. ds. Where was disease contracted, if not at place of death?	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence	
(Address) Woodlagen Md	19 PLACE OF BURIAL OR REMOVAL PLATE OF BURIAL NOV 24, 19 30	
15 Filed 1/2/ 195 Alla Registrar	Indipolerry Orleans	
If more branks are needed, address tate Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Flanter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The materia. Laborer-Coal minc, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebroed term for the same disease. Examples: Corebrotive (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> dolanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (Recommendations on statement of cause of as fracture of skull, earbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the flata is essential and must be obtained before the certificate is permanently filed

No.

PHYSI-

PLACE OF DEATH Count Balance	12864 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21
Village or diffaudalle louryo. Mary Eles abett he	St.: Ward) (If deeth occurred is a hospitel or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED NOONE OR DIVORCED (Write the word)	16 DATE OF DEATH OAT 9, 1930 (Year)
TAGE Comparison of the content of	that I last saw h Calive on Description on the Cause of Death & was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes mos da
10 NAME OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Address) Candally Son	19 PLACE OF BURIAL OR REMOVAL Mt Clive Curuly 20 UNDERTAKER Well How 16 W. Saratoga St., Balto., Requesting V. S. No. 1. DATE OF BURIAL Oct, 11, 193 Apprecs Systematic
ir more planks are needed, address State Kegistran	, to the second

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stotionory fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an gaged in domestic service for wages, as Sorvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return 'Laborer,'" Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from en at home, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesman. Compositor, Architect, who are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, (b) The ques-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be Whooping carbolic acid-probably suncide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, interstit at nephritis, cough; " "Marasmus, " "Old Age, " "Shock, Chronic etc. valvular heart disease; The Sarcomo,, etc., of contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

IANE	d be gay be gack o
WRITELAINLY, WITH UNFADING INKTHIS IS A PERMANEN	N.B. Fevery Item of Information should be carefully supplied. ACE should be sCIANS should state CAUSE OF DEATH in plain terms so that it may be petatement of OCCUPATION is very important. See instructions on back o
SA	AC the
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County Bulto	12210 STATE OF MARYLAND CERTIFICATE OF DEATH
1) 160	Registration Dist. No.
Village or City Semmed Ph (No. MEINT	Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MIDOWED. MIDOWED. (Write the word)	16 DATE OF DESCHIO
6 DATE OF BIRTH 1890 (Month) (Day) (Year)	that i last saw h alive on 1920, 192
7 AGE 39 yrs. 10 mos. 22 ds. ornin)?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Amangan Jang manganan
(b) General nature of industry business, or establishment in which employed or (employer) Arrayanay Alaka	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yes unos de
FATHER Henry C. Whitners	(Signed) Sustaine to Fret M. D.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) 6 Whatelle messes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oak Caus Contract Oct 22 130
15 Filed 10/21 19230 D. a. Futy Registrar 8	20 UNDERTAKER ADDRESS 740/ Pelair Pd.
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Publican Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Scruant, Cook definite salary, may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed laborer, Foreman, (b) Automobile factory. The material 10 For many occupations a single word or term on yrs . Form laborer. At Hame, and children, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons Laborer-Coal mine, etc. Womwho have no occupation not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEA. 3 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL. or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway troin-..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Come," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

V. S. No. 1

Village or City Spanson a. M.	St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OF RACE MARRIED. MUDOWED. OR DIVORCED. (Write the word) 6 DATE OF BIRTH MARRIED. WITHOUGH D. Write the word) 187	16 DATE OF DEATH MALL 19 , 1930 (Moath) Day (Year) 17 I HEREBY CERTIFY, That I attended the deplaced from
(Month) (Day) (Year) 7 AGE Syrs. mos. ds. or min.	The CAUSEDOF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Particular kind of work	Cheforie.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE (State or country) Allaware	Secondary (Duration) / yts // mos ds.
10 NAME OF Arnis J. Menton	(Signed) As MM Mulalue Common Completed (Address) Marine Bound
OF FATHER Z (State or country) W 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER SO NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Danah Mon	At place of death yrs mos. ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) 33/3 Forut On aur	19 PLACE OF BURIAL OR REMOVAL May 22, 1980
15 Filed Way 19 1923 y G. Allow Registrar	John John Bolt St.
If more blanks are needed, addres State Registra	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Former (regaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) stited unless important. Example: Measles (disease tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary perilonaeum, etc., Corcinoma, Sorcoma, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic valvular heart affection etc. The contributory necd not be disease; etc., or

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BINDING

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-WRITE PLAIN

N. B.

-WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD, mation should refully supplied. AGE should be stated EXACTLY. PH. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificates.

		And in case of the last	
-	Total Section		
	_		

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 1206 63 2-FULL NAME Rudofth Mergl	REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
(a) RESIDENCE No. 1206 632	ST.,WARD
(Usual place of abode) Length of residence in city or town where death occurred 2 4 yrs. mos.	(If oon-resident give city or towo and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed,	16 DATE OF DEATH (mooth, day, and year) Oct 4th 1930
Maly White Married	17 O I HEREBY CERTIFY. That J attended deceased from
5a If married, widowed, or divorced HUSBAND of Blanch L. Mergle	that I last saw king slive on O. A. H. 1930
6 DATE OF BIRTH (month, day, of therey 30 % 1403	and that death occurred, on the date stated above, at 3 , m,
7 AGE Years Months Days If LESS than 1 day,hrs.	The CAUSE OF DEATH* was as follows:
29 4 4 ormin.	4)
OCCUPATION OF DECEASED	Jackerma Vrapatio
(a) Trade, profession or Singman (4)	<i>m</i> /
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY Chris Sulvey (Secondary)
(c) Name of employer Gas & Electric Co	Januarion) yrs. 6 mos. ds.
9 BIRTHPLACE (city or town)	18 Where was disease contracted the lift not at place of death?
T 10 Percent	Did an operation precede death? MD Date of Date of
10 NAME OF FATHER Vosaph Mergle	Was there an autopsy?
II BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
(State or eountry) / Softmuia	(Signed) , M. D.
12 MAIDEN NAME OF MOTHER Gardner	901/, 1930 (Address) 3 30 (CASCELLINE)
13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the Disease Causing Death, or io deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
Informant Blanch & Margla (Address) 1206 6320 5	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL MOVAL Redesures Courtery 19/1/1930
Filed 19 Registrar	20 UNDERFAKER ADDRESS 1217 St Paul St

[Approved by U. S. Census and American Public Health Asso.]

ice for wages, as Servant, Cook, Housemaid, etc. an additional line is provided for the latter stateespecially industrial employments, it is necessary to know (a) the kind of work and also (b) the receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. mobile factory. The material worked on may form ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autonature of the business or industry, and therefore account of the disease causing death, state occu-If the occupation has been changed or given up on part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., pation whatever, write None. business, that fact may be indicated thus: Farmer occupations of persons engaged in domestic serv-Women at home, who are engaged in the duties of the household only (not paid Housekeepers who without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the relative (retired, 6 yrs.). Care should be taken to report specifically the Stationary Fireman, etc. Architect, Locomotive Engineer, Civil Engineer, e. g., Farmer or Planter, Physician, Compositor, word or term on the first line will be sufficient, respective of age. pation at beginning of illness. If retired from Statement of Occupation.—Precise statement of For persons who have no occu For many occupations a single But in many cases,

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Curcinoma, Sarcoma, etc., of (name ori-

ease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conconsequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved sible to determine definitely. Examples: Acci-"Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," stated unless important. Example: meuroco cansing death), 29 ds.; Broncho-pneumonia Medical Association. nature of the injury, as fracture of skull, and soned by carbolic acid-probably suicide. dental drowning; Struck by railway train-MEANS OF INJURY and qualify as ACCIDENTAL, SUItis," etc. State cause for which surgical operaas "Puerperal septicemia," "Puerperal peritonidiseases resulting from child birth or miscarriage ondary or intercurrent) interstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic mor" for malignant neoplasms gin "Cancer" is less defin by Committee on Nomenclature of the American tion was undertaken. For violent deaths state Revolver wound of head-homicide; affection need not be The contributory (sec-Measics; Whoopoid use of "Tu-Poi-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



	PLACE OF DEATH	12212 STATE OF MARYLAND CERTIFICATE OF DEATH
1	County / Sacq E	Registration Dist. No. 42
Vil	lage or City Louley (No. 2FULL NAME Carl Vr. Merl	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Vale 4 COLOR OR RACE 5 SINGLE. MARRIED, Manual WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 26, 1980 (Month) (Day) (Year)
6 (DATE OF BIRTH Feb. 17, 1856	(Month) (Day) (Year) 17 HEREBY CERTIFY, That Lattended the deceased from 1230 to 1250.
7 4	(Month) (Day) (Year) GE 14 yrs. 8 mos. 9 ds. or min.?	and that death occurred on the date stated above, at 3 9 m, The CAUSE OF DEATH * was as follows:
) (I	a) Trade, profession or Octuber to articular kind of work b) General nature of industry usiness, or establishment in	(Duration) yrs 3 mos ds
_ v	HIRTHPLACE (State or country)	Contributor Mar Valvaly hunt from Secondary (Durstion) 2 yrs of mos ds.
S	10 NAME OF FATHER WILLIAM Meskol	(Signed) A Address) Bullin
ARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
П	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death
14	(Informant) Ida M. Merkel	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Filed JU. 2 1924 J. H. Human Registrar	20 UNDERTAKER C. attur From Med
	If more banks ard needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy loborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business. that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed goged in domestic service for wages, as Servont, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Stationory firemon, etc. But in many

Statement of Cause of Death—Name, first, the Disable Cause of Usath—the primary affection with respect to time and causation), using always the same accept ed term for the same discuse. Examples: Cerebrosphalifeter (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature teldius) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; Chronic valvulor heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Example: Measles (disease affection need not be etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is prevently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Duy laborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line' will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Civil engineer, Physician, report specifically the occupations of persons en-For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary) stated unless important Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) diseases Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

ż

STATE OF MARYLAND
CERTIFICATE OF DEATH
(10)
Registration Dist. No.
Senson are St: Ward) (If death occurred in
tion, give its NAME in
Stead of street and number.)
and a second
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
1030
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
1929. to 19230
that Mast saw h Aliva on Quel 14 1930
1 / 20
n and that death occurred on the date stated above, at m.
1
lendral Henon.
(Duration)
(Duration) yrs. mos. ds.
Contributory
Hyperlan (Duration) yr 3 mos. do.
100
(Signal)
19270 (Address)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ients or Recent Residents)
At place of death yra mos. ds. In tha State yra ds.
Where was disease contracted.
if not at place of death?
Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0 1 11 1 1 1 1 2 3
Loudon M. Elm July 19, 1950
20 UNDERTAKER ADDRESS
Mrs. to-Millert Son 233 4 get for
ar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

114401

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseloborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); prophoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., oi Chronic valvular heart diseose; etc. The contributory

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BUREAU

N. B.

	13576
PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 4 4
Village or City middle Kwe No. Bird &	wer Coad St.: Ward) a hospitei or institu-
2 FULL NAME Elizabeth Messon	tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDWEN, MIDWORD CONTROL (Write the word)	16 DATE OF DEATH 900. 29, 19230
	(Month) (Day) (Year)
6 DATE OF BIRTH Agn 16 1860	TEGY 3 1588 to NOV 29, 1922,
(Month) (Day), (Year)	that I last saw h Valivo on New 28 , 1927,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
70 yrs. 10 mos. 13 de. or min.?	The CAUSE OF DEATH * was as follows:
	Office State of the
a OCCUPATION (a) Trade, profession or	caro are 100 y early
particular kind of work (M) (b) General nature of industry	aux Celtris ocleron
business, or establishment in	(Durstion) 2 yre mos de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF 1	Distriction of the most most most most most most most most
FATHER / Newry Keider-	(Signed)
II BIRTHPLACE OF FATHER	100 (Address) (Non Annual)
Z (State or country) Sermany	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER UNMOUND	ients or Recent Residents)
OF MOTHER	At place of death yrs mos. de. In the State yrs de.
(State or Country) Sermany	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE	if not et plece of deeth?
(Informant) Held Messenger	usuel residence
(Address middle River Ind.	Ebenever Constant Sec 2, 193
Filed Dec 1 1920 John G. Cormelly	20 UNDERTAKER ADDRESS Frack Escapus Gon 7401 Belan
If more bianks are needed, address Stata Registrat	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery;

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		be carefully supplied. ACE should be stated EXACTLY, PHYSI-ATH in plain terms so that it may be properly classified. Exact moorant. See instructions on back of certificate.
	ADING INKTHIS IS A PERMANENT CORD	EXACTL ly classif
	ENT	e stated e properi
	PERMAN	should b
	S IS A	d. ACE so that tructions
	IKTHIS	y supplie
	DING IN	carefully rH in pla
	A	OYE

-	PLACE OF DEATH	10165 STATE OF MARYLAND CERTIFICATE OF DEATH
-	County Balts.	Registration Dist. No.
7	Village or City (Ids M. (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 193.0
-	6 DATE OF BIRTH Aug. 21 , 1865 (Month) (Day) (Year)	that I last saw halive on, 192
-	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
Topic .	(a) Trade, profession or particular kind of work	Embed Hemphog
- T	(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Carlis Varcular Parall
	10 NAME OF Sellian hermante	(Signed) Palm Fe Williams M. D. Sept 28 1920 (Address) Pite ville Ind.
	OF FATHER (State or country) 12 MAIDEN NAME (The state of country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER and ATELL 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. In the State yrs mes ds. Where was disease contracted,
	(Informant) J. D. hemsel	if not at place of death? Former or usual residence. 19 PLAGE OF BURIAL OR ABBOVAL DATE OF BURIAL 3
	Filed 9/18/ 1920 EC lucker Registrar	20 My Sentary St. Rolling V. S. No. 1.
	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE

N. B.

M. C.S. Miles

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., win-laborer, Farm laborer, i business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serrant, Cook, work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Laborer-Coul minc, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinal fener (the only definite synonym is "Epidemic cerobrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-GIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING A FOR WITH UNFADING INK-THIS IS MARGIN RESERVED WRITE V. S. No. 1

20 ż

PLACE OF DEATH County Balls. Village or City Olegate (No. Monumenta 2FULL NAME Leharles Meg	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED: WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
Supt 15/1873,	
(Month) (Dsy) (Year) 7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Daller Cormino Vis. mos. ds.
9 BIRTHPLACE (State or country) Ballo Mol	Contributory Secondary (Signed) Treel John John Coronely D. D. Contributory (Signed) Treel John D. Coronely D. D. C
11 BIRTHPLACE COMMENT CLIPPES OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 BIRTHPLACE 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Likelmuna Schroeder 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs de. Where was disease contracted,
(Informant) Mrs Catherine Oconnor	Former or usual residence
(Addresa) 13 D. Mass Copre	20 ON DERTAKER 20 ON DERTAKER ADDRESS 2 1/6 ADDRESS 2 1/6 Octoons ST. 16 W. Santova St., Balton, Reputating V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a er," etc., should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, At Home, and children, without more precise specification as Day 6 Automobile factory. The material Laborer-Coul minc, etc. Womnot gainfully em-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

...... name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart- faiture," "Haemorrhage," stated unless important. A Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (increly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondar; or intercurrent) American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need not be valvular heart Nomenclature disease;

If this certificate is looked over thoughly and all questions answered in detain the will proved (the correspondence. All the data is esential and mass be obtained before the certificate is permanently high.

4. S. No. 1

PLACE OF DEATH County Baltimore Sheppard and Enoch Pratt Hospital	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Towson (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of number.)
PERSONAL AND STATISTICAL PARTICULARS O 3 SEX	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE BAINGLE, MARRIED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 6 DATE OF BIRTH 6 DATE OF BIRTH	18 DATE OF DEATH Way 25, 1930 (Month)—(Day)—(Year)— 17 I HEREBY CERTIFY, That I attended the deceased from hay 14 1930, to May 25, 1930, that I last saw h have alive on May 24 1930 and that death occured on the date stated above, at 6/10 a.m.
7 AGE Conth (Day) (Year)	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 ON NAME OF FATHER 12 ON NAME OF FATHER 13 ON NAME OF FATHER 14 ON NAME OF FATHER 15 ON NAME OF FATHER 16 ON NAME OF FATHER 17 ON NAME OF FATHER 18 ON NAME OF FATHER 18 ON NAME OF FATHER 19 ON NAME OF FATHER 10 ON NAME OF FATHER 11 ON NAME OF FATHER 12 ON NAME OF FATHER 13 ON NAME OF FATHER 14 ON NAME OF FATHER 15 ON NAME OF FATHER 16 ON NAME OF FATHER 17 ON NAME OF FATHER 18 ON NA	(Duration) yrs mas 3 ds. Contributory Arlerio Sclero Secondary (Signed) Arthur E. Pattrell, M. D. 192 (Address) Towson, Mds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the Discase Csusing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death, yrs, mos
(Informant) Hospital Records (Address) 15 File May 25 1924 File Plank	Where was discase communities, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
Klef Registral	ar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (o, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," et ... additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomolive engineer, But in many

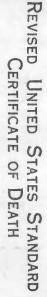
Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease lelanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as ean be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., scpsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	07721 STATE OF MARYLAND
County Dachucou	CERTIFICATE OF DEATH
Pelina	A Registration Dist. No.
Village or City / 4000000 (No. /	dly furvels: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Elyabeth A. Mich	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATUSTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH OCX 29 850	17 I HEREBY CERTIFY, That I attended the decemed from Surnal weathers to fully 10 1923 0
(Month) (Day) (Year)	that I last saw have alive on July 10, 19230
AGE [IfLESS than	and that death occurred on the date stated above, atm.
19 yrs. 8 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or Wolliamy particular kind of work	Marina
(b) General nature of industry	7 .
business, or establishment in which employed or (employer)	(Purstion) yrs mos de.
State or country) Marylowy -	Contributory Secondary ?
10 NAME OF POWEY Mayes.	(Signed) 6 6 (Mehols: M.D. Phly 10 1930 (Address) Poplesvelle my,
OF FATHER (State or country) Marylond	*State the I isease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret A Mayes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In theds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Intoman) mis hum & nuchor	Former or usual residence
(informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 77 / www. vacace	yerroper cemeran,
File July 10 19230 86 Mchols Registras	20 UNDERTAKER ADVRESS' Spules and.
If more banks are needed, address State Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed. us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesmon, (b) At Home, and children, not gainfully em-(b) Automobile factory. The material Grocery; Wom-

Strtement of Cause of Death—Name, first, the Dis-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on (Recommendations on statement of cause of death curbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease Tuberculosis of lungs, menaffection need etc. The contributory valvular heart Nomenclature Always qualify all not be disease; of the

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No. 1

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Filed Oct. 13

19230

	1PLACE OF DEATH 22
/	ge or City/ Colgate (No. 505 South
	PERSONAL AND STATISTICAL PARTICULARS
3 SI	4 COLOR OR RACE SINGLE, MARRIED, Married White OR DIVORCED (Write the word)
	not known , 1898 (Month) (Day) (Year)
(a	32 yrs. mos. ds. or min.? CUPATION Trade, profession or ticular kind of work General nature of industry
bi	siness, or establishment in ich employed or (employer)
1	Romania NAME OF FATHER George Coman.
ENTS	of father (State or country) Romania
PAR	of Mother Mary Modorcea
	of Mother (State of Country) Romania
14	(Informant) John Mihaila

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

16th Street St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	FDEATH
16 DATE OF DEATH October 10th	
17 I HEREBY CERTIFY, That I atte	192
and that death occurred on the date stated of the CAUSE OF DEATH * was as follows:	
Dr.Adam A. Tod. Balto.Md. (Puretten)	mos da
Contributory Secondary (Durstion) (Signed) (Durstion) (Signed) (Durstion) *State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homleidal.	lk. Md.
18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	ale, Institutions, Truns-
19 PLACE OF BURIAL OBREMOVAL	Oct. 13, 19 30
John J. Connelly	Essex. Md.

If more b.anks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., Spinner, (b) Colton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cleh and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Farmer (x) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and ehildren, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphlheria (avoid use of "Croup"); Synhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death tatanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, acaident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease eausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as Chronic valvular heart disease; ete. The contributory

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13 BIRTHPLACE

OF MOTHER

(Informant)

(State or Country

*State the Disease Causing Death, or, In deaths from Violent Causes, stato (1) Means of Injury and (2) Whether

ients or Recent Residents) At place In the

State

Where was disease contracted, if not at place of dea.h?.

Former or usual residence.

of death

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. go ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coul minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection Chronic. Example: Measles (disease valvular heart disease etc. The contributory need not

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	1PLACE	OF DEATH				0
	County	Salto	***************************************			Con
Vi		Parkton	(N	<u> </u>	c.In	• 6 6
_	² FUI	L NAME CE	ara	PI	C.//	eller
	PERSON	IAL AND STATE	STICAL PA	ARTICU	LARS	
-	emole	4 COLOR OR RA	WIDO		uese	16 DATE O
6	DATE OF BIR	гн				17
		(Mo	/	(Day)	., 18-67 (Year)	that I last
7	AGE				If LESS than	and that de
		6 9 yrs.	P mos.	7 do.	l day hrs. or min.?	The CAUSE
I (occupation (a) Trade, proparticular kind (b) General national pusiness, or es	fession or	at- H	rue	***************************************	Ma
	State or cou	ntry) Was	ylar			Contribu Second
	10 NAME OF	Laures !	McCe	ella	ede.	(Signed)
RENTS	OF FATHE (State or	country) Ma	ylong			*State Violent
PARE	12 MAIDEN OF MOTH	ER Syaks	the H	any	uluie	Accidenta 18 LENGTH
	13 BIRTHPL OF MOTH (State or		ylan	/		At place of death
14		TRUE TO THE			DGE	Where was d
	(Informant)	James Parkl		fle	9	Former or usual residence 19 PLACE C
15	1	4 21 1980	m. C	Borli	u ma Registras	John John

6454 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Diat. No. 35

(If death occurred in a hospital or institu-tion, give its NAME It-stead of street and Ward) number.)

(Month) That I attended the deceased from eath occurred on the date stated above, at OF DEATH * was as follows:

MEDICAL CERTIFICATE OF DEATH

Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) Whether l. Suicidal or Homicidal.

18 LENGTH OF RESIDENCE	(For	Hospitals,	Institutions,	Trans
ients or Recent Residents)				
At place		In the		

yrs......ds. State yrs mos ds. isease contracted.

BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples, Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

3 SEX

7 AGE

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER 11 BIRTHPLACE

> > OF FATHER

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

(State or country) 12 MAIDEN NAME

(a) Trade, profession or

(b) General nature of industry business, or establishment in

which employed or (employer)

particular kind of work

10166

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

Village or	ony White Harle	md.
mage of	m comprises announced announce and a consideration and a considera	

4 COLOR OR RACE

20 UNDERTAKER

(If death occurred in Ward) a hospital or institu-tion, give its NAME it stend of street and number.)

2FULL NAME PERSONAL AND STATISTICAL PA

Feb

(Month)

5 SINGL

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27 , 1857 Day) (Year)	tha
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Registrar

If more branks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH / 8 , 1930
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That Wattended the deceased from
aug 2 6 1920. to Sept 18 , 1930
9 . 10 . 10
that I last saw h Manalive on 1977
and that death occurred on the date stated above, at 7.50 An
The CAUSE OF DEATH * was as follows:
- Chr. endocarditio
Mitral reguraitation
and the state of t
(Duration) vrs. mos d
(Duration) yrsdi
Contributory Secondary
(Durstlow)d
(Signed) Wille M.)
Sept 18 1980 (Address) Shewsbury Fax
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran-
ients or Recent Residents)
At place In the
of deathyrsmosds. Stateyrsmosd
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
West Silvertil Sent 20 1030

DDRESS

No.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonihis," "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic etc. affection need not be valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, F., YSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Dillune	CERTIFICATE OF DEATH
81-11	Registration Dist. No. 30
Village or City Ithurselle (No. 107) we	1 Children (118 and 16 death assured in
Thinage of Carlotte Control of the Control of the Carlotte Control of the Carl	Ward) (If death occurred in a hospital or institution, give its NAME is -
2 FULL NAME Suy Feut	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATION OF SECTION
3 SEX 4 COLOR OF BACE 5 SINGLE	MEDICAL CERTIFICATE OF DEATH
Wala http://www.windersella.	16 DATE OF DEATH JULY, 25, 19230
Mace / Ville (Write the word)	(Month) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
LEG. 26, 187/	, 192, to, 192,
(Month) (Day) (Year)	that I last saw halive on
7 AGE 2 7 If LESS than I day hrs.	
Jyra. 2 mos. 30 ds. or min.	Has accidental
(a) Trade, profession or	
particular kind of work / Market	
(b) General nature of industry business, or establishment in	(Durstion) yre, mos,ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Surstion) yrs mosde,
FACHER aues M. Meller	(Signed)
OF FATHER	*State the Disease Causing Death, or, in deaths from
C (State or country) W y2 MAIDEN NAME OF FATHER (State or country) W y2 MAIDEN NAME OF FATHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A OF MOTHER AUD.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents or Recent Residents) At place In the
OF MOTHER (State or Country) Muddle .	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE .	Where was disease contracted, if not at place of death?
as Me May and By Wille	Former or usual readence
(Informant) Mr. Muyurl Murus	THACE OF BURIAL OR SEMPULY FATE OF BURIAL
(Addreas) allo Allo Mello	Hallford Ua +41,28,30
15 Filed V/25 1927 Al Shedres	20 UNDERTIKER ADDRESS
20 O Col Registrar	Saston Dous Ollean Cla
If more banks are needed address - fate Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory

1.

PHYSI-

PLACE OF DEATH	02658 STATE OF	MARYLAND
County Ballinou	CERTIFICATE	OF DEATH
County	140	75
	Registration	Dist. No.
Village or City Chancolie (No. 50	Murdock Now Ward	tion, give its NAME in-
2 FULL NAME Stensy M. M.	eller.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male White SINGLE. MARRIED. Married Whole (Write the word)		20 , 1930 (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	ended the deceased from
March 16 1867	DEC- 25 - 192 9 . to Mo	10h 20 ,1020
(Month) (Day) (Year)	that I last saw halive on Wore	1 2 6 19230
7 AGE [If LESS than	and that death occurred on the date stated	l above, at 3 Q m.
/ 3 / I day hrs.	The CAUSE OF DEATH * was as follows:	A STATE OF THE REAL PROPERTY.
yrsmosds. ormin.?	BAL	
OCCUPATION (a) Trade, profession or 12	ut leno - telessas	
particular kind of work Wille Adjuly		,5 aug . 4,6,0,0,0 aug
(b) General nature of industry Coultactor	(Duration)	vzs. mos. ds.
which employed or (employer)	Contributory Carelal 24e	norstone +
(State or country) Martinisburg / /a	Corea (Opplayy) (Duration)	yrs. 3 mos. 1/2
10 NAME OF JOSEPH M Miller	(Signed) Trank of France	M. D.
II BIRTHPLAGE	192 (Address) /2 J	10000
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME	*State the Disease Causing Death, Violent Causes, state (1) Means of la Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
OF MOTHER Charolelle Wisks	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
OF MOTHER	At place In the of death yes mos, ds.	
(State or Country)	Where was disease contracted,	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant) Mas Mary M Meller	usual residence	
18/ 18/ 10/1	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) 00/ MSundock road	Drend ledge	Mar 22, 1930
15 File Mach, So 1980 Mul Gutter Registrar	20 UNDERTAKER	2008 aleans

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, of At Home, and children, not gainfully emlabore, Farm laborer, Laborer—Coul mine, etc. nature of the business or industry, and therefore an Civil engineer, Physician, state occupation at beginning of illness. If retired from Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servaul, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinul* fewer (the only definite synonym is *Bpidemic cerebrospinal meningitis"); *Diphiheria (avoid use of *Croup"); *Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart ranue," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by (Recommendations on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. American Medical Association. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," Never report mere symptoms or terminal condi 'Congenital," "Senile," etc.), "Dropsy,",
> " "Heart failure," "Haemorrhage," Committee and of cause of Chronic Example: Measles (disease ," "Coma," "Convulsions, valvular heart disease. etc. The contributory

	1PLACE OF DEATH	
	County Ballary ne	
Vil	llage or City Kickerword (No.	
1/	2FULL NAME Mary ama	0
	PERSONAL AND STATISTICAL PARTICULARS	
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWING WIDOWING OR DIVORCED (Write the word)	16
-	DATE OF BIRTH	17
	(Mbhth) (Day), 1 (Year)	the
7 4	9 gyra. / J. ds. or min.?	an
() p () b	b) Ceneral nature of industry usiness, or eatablishment in which employed or (employer)	
9 E	STATE (State or country)	
	10 NAME OF Joles Holdspile	(Si
ENTS	OF FATHER (State or country) Grundening	*****
PARE	OF MOTHER AFT / MOURY	18
	13 BIRTHPLACE OF MOTHER (State or Country) Security	At of WI
14	(Informant) Ways Meller	if For
	(Address) Recoler evve(19
15	Filedhole C, 23, 43, 192 Usu P. Butler Registrar	2D
-	If more hanks are needed address that Meriatras	100

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

14712

(if death occurred in a hospital or institution, give its NAME isstead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
192 5 V
Honth) (Day) 12 (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
- clear 192 peter Celler, 192
that I last saw halive on
and that death occurred on the date stated above, atm
and the state of t
The CAUSE OF DEATH * was as follows:
1
The state of the s
Seniery + french wer form
(Duration) yrs. moads
Contributory age Xmuly
(Duration)yrsmosds
(Signed) & 22 Renson M. D
Des 23 192 3 v(Address) 6 4/1 / 4 / Rf M
*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ients or Recent Residents)
At place In the of deathyrsmosds. Stateyrsmosds
Where was disease contracted, if not at place of dea.h?
Former or usual readence
19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
Selers B. Cens Loc 24. 130
2D UNDERTAKER ADDRESS
VITER 18 mes Lens 1 por sour

W. Saratoga St., Balto., Lequesting V. S. No. 1.

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

	PLACE OF DEATH County Saltinosis	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 30
Hicate	Village or City June (No	St: Ward) St: Ward) A hospital or institution, give its NAME instead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jack OI	1 Sept 4 COLOR OF RACE SINGLE MARRIED WILD WED OR ON ON OR OF WORLD WILL (Write the word)	16 DATE OF DEATH May, 26, 19230 (Month) (Day) (Year)
uo suo	6 DATE OF BIRTH 2 100 (Month) (Day) (Year)	that I last saw he alive on Mark 25, 1926
nstructi	7 AGE 6/yrs. ## mos. 10 ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
996	(a) Trade, profession or particular kind of work (b) General nature of industry	Carcinana / Jeser
Ta D	business, or establishment in which employed or (employer)	(Duration) yre 3 mos de.
odun	9 BIRTHPLACE (State or country) Mary laura	Contributory Secondary ———————————————————————————————————
S very	10 NAME OF FATHER MUIT. Brown	(Signed) M. D. M. D. M. D. M. D.
	(State or country) (State or country) (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsds. In the Stateyrsds.
	(Informant) Wille ALL N. Muller	Where was diseese contracted, if not et place of dea.h? Former or usual residence
	(Address) Elle & Cel, We.	St. John's Clue, Man. 28, 19 30
	Filed 3/27 1997 Allen Degistras	Easton Sous Ellian Cil.
	Af more beenks are needed, address thre Registrar	, 16 W. Seratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report Never return "Laborer," "Foreman," "Manager," "Deal-Physician, worked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). specifically the occupations of persons en-Compositor, Architect, Locomolive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tythoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrnage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; or intercurrent) affection need not be Chronic etc. valvular heart disease; The contributory

FOR

HEALTH DEPARTMENT—CITY OF BALTIMORE

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. Set	HIL

	TE OF DEATH, (H)
1-PLACE OF DEATH Farchuront	REGISTERED NO
2-FULL NAME Gatherine Oliv	
(Usual place of abode)	(If non-resident give city or town and State)
Length of residence in city or town where death occurred	ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed,	
Temale White Wiolowed	16 DATE OF DEATH (month, day, and year) 12/25 193
5a If merried, widowed, or divorced HUSBAND of (or) WIFE of Wife of Wan J. Mills	Mov. , 1929, to Dec 25, 1931
	that I last saw hequalive on Que 24, 19.3
7 AGE Years Months Days If LESS that	and that death occurred, on the date stated above, at
· 74 2 / I day,hr	The CAUSE OF DEATH* was as follows:
8 OCCUPATION OF DECEASED	June 3 tomach (Ca.?)
(a) Trade, profession or particular kind of work	(duration) / yrs. / mos
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (Secondary)
(c) Name of employer	(duration) yrs. mos.
9 BIRTHPLACE (city or town) Charles Country	18 Where was disease contracted if not at place of death?
(State or country) maryland	Did an operation precede death?
10 NAME OF FATHER Krankleed Wills	Was there an autopsy?
10 NAME OF FATHER TRANSPORTED WILLO 11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Country - Mod.	What test confirmed diagnosis?
(State or country) Charles County - md.	(Signed) M.
12 MAIDEN NAME OF MOTHER - Bout know	, 19 (Address) Med, Cuts Bldg
13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causstate (1) Means and Nature of Injury, and (2) whether Acciden Suicidal, or Homicidal. (See reverse side for additional space.)
Informant Trank Millo-son	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL 19 PLACE OF BURIAL, CREMATION OR RE- 19 /29
(Audices) L. T.O. & Audices and and	- Cathedral Cemetery 12/29 19

[Approved by U. S. Census and American Public Health Asso.]

nite salary) may be entered as Housewife, Housework, or At home, and children, not gainfully emonly (not paid Housekeepers who receive a defilaborer, Laborer-Coal mine, etc. Women at home, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," ctc., without more precise specification, as Day laborer, Farm factory. ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter state-Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, ese. g., Farmer or Planter, Physician, Compositor, irrespective of age. For many occupations a single word or term on the first line will be sufficient, The question applies to each and every person, healthfulness of various pursuits can be known. occupation is very important, so that the relative may be indicated thus: Farmer (retired, 6 yrs.) has been changed or given up on account of the persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation ployed, as At school or At home. Care should be who are engaged in the duties of the household pecially industrial employments, it is necessary ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at begintaken to report specifically the occupations of write None. For persons who have no occupation whatever, Statement of Occupation .- Precise statement of The material worked on may form part

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sareoma, etc., of......(name origin;

ease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage, stated unless important. interstitial nephritis, etc. cough, Chronic valvular heart disease; Chronie "Cancer" is less definite; avostatement of cause of death approved by Com (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on carbolic acid-probably suicide. The nature of drowning; Struck by railway train-accident; HOMICIDAL, or as probably such, if of injury and qualify as accidental, suicidal, inomicidal, or as probably such, if impossible was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation as "Puerperal septicemia," "Puerperal peritoni "Weakness," etc., when a definite disease can be genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," ondary or intercurrent) for malignant neoplasms); Measles; Whooping Association.) mittee on Nomenclature of the American Medical the injury, as fracture of skull, and consequences Revolver wound of head-homicide; Poisoned by to determine definitely. Examples: Accidental Example: Measles (disaffection need not be The contributory (secd use of "Tumor"

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



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PLA	CE	OF	DEATH		
County	Bal	tim	ore	**************	

2FULL NAME Dawson Olin Mills,



06495

STATE OF MARYLAND CERTIFICATE OF DEATH

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Registration	Dist	No	X4-41
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age or	City Sparrows	Point	(No	505-	0.0	Stree
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ZSt.: Ward)

(If death occurred in a hospital or Institu-tion, give its NAME ir-stead of street and number.)

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	MARRIED, WIDOWED	June 29/1930 • , 192 (Month) (Day) (Year)
6 0	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Tune 8 , 1950. (Month) (Day) (Year)	that I last saw h alive on , 192
7 A	GE If LESS that I day	and that death occurred on the date stated above, at 2;15 a.m. The CAUSE OF DEATH * was as follows:
(a pa	DCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	in which he was riding turning over throwing him out on his Dread swifts mos do
ENTS	IRTHPLACE (State or country) Little Rock, Ark. 10 NAME OF FATHER James E.Mills 11 BIRTHPLACE OF FATHER (State or country) Little Rock, Ark.	(Signed). (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER Mattie J.Clay 13 BIRTHPLACE OF MOTHER (State or Country) Little Rock, Ark.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted,
15	(Informant) B.C.Mills (Address) 505 "C" Street Filed 6/30/362 Mulauman	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS 13/15/20 Paul

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specimeance. Won-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EAL: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely Examples: Acadental drowning; Struck by railway train and quelify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perulonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory Measles;

[Approved by U. S. Census and American Public Health Assn.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons of illness. If retired from business, that fact may be persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation wife, Housework or At home, and children, not gainetc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who vided for the latter statement; it should be dustry, and therefore an additional line is man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of word or term on the first line will be sufficient, e. g., respective of age. For many occupations a single healthfulness of various pursuits EASE CAUSING DEATH, state occupation at beginning has been changed or given up on account of the DISbe taken to report specifically the occupations of fully employed, as At school or At home. Care should receive a definite salary) may be entered as Housework and also (b) the nature of the business or in-Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, The question applies to each and every person, iroccupation is very important, so that the relative Statement of Occupation.—Precise statement of can be known. proused

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be astertained as the cause. Always qualify all diseases resequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Exmalignant neoplasms); Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial "Cancer" is less definite; avoid use of "Tumor" for tion. on Nomenclature of the American Medical Associastatement of cause of death approved by Committee nature of the injury, as fracture of skull, and conamples: Accidental drowning; Struck by railway train cause for which surgical operation was undertaken. sulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State Bronchopneumonia (secondary), 10 ds. Never report Example: Measles (disease causing death), 29 ds.; nephritis, etc. The contributory (secondary or inter-Poisoned by carbolic acid-probably suicide. For VIOLENT DEATHS state MEANS OF INJURY and quali--accident; Revolver wound of head-homicide;

Additional space for further statements by physician



V. S. No. 1

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1PLACE OF DEATH CountyBaltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.38
Village or City FUDD WOOD SANNEDRILM, TOWSON 2FULL NAME Clarothy Jouine	MD. St.: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Lecember / 1930 (Month) (Day) (Year)
3/ 19/2 (Mogth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 6 1930 to December, 150, that I last saw her alive on Secundary, 1950.
7 AGE 18 LESS than I day hrs. or min.?	nnd that death occurred on the date stated above, at 6 452 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. 7 mos. ds.
which employed or (employer) BIRTHPLACE (State or country) Baltimore	Contributory Secondary (Durgion) yrs
10 NAME OF FATHER Charles of Miny 11 BIRTHPLACE	(Signed) M. D. 1980 (Address) Towson, Maryland.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Bultmore	ients or Recent Residents) At place of deathyrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records Personal History,	Where was disease contracted, Unknown if not at place of deah? Former or Baltumore Mal
(Informant) Eudowood Sanatorium, Towson, Md. (Address)	Loudon look Date of BURIAL LOCATION LOOK
Filedolec / 1930 Mrs A Buller Registrar	20 UNDERTAKER 1 Seufel Wow 1. Fragette 4
If more bianks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foremon, (b) Automobile factory. The material additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Proposery successions of head—hamicide; Poisoned appealent; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart discase; etc. The Nomenclature of the contributory



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I UNFADING INK-THIS	ould be caref
LY, WITH	state CAUSE
WRITE	Every item of information should be carefully supplied CIANS should state CAUSE OF DEATH in plain terms

V. S. No. 1

	7 168 04009
PLACE OF DEATH County Balls.	STATE OF MARYLAND CERTIFICATE OF DEATH
Co.	Registration Dist. No. 44
Village or City Cesser (No. Mac 2FULL NAME Jacob Moer	gast (m. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Hut Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 3rd , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 77. 3 1930 that I last saw ham alive on 77. 3 1930
7 AGE ## J yrs. 7 mos. 7 4 ds. ormin.?	and that death occurred on the date stated above, at 12.304 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or June 10 particular kind of work June 10 (b) General nature of industry business, or establishment in which employed or (employer) Con. Can Los. 9 BIRTHPLACE (State or country) 3 alts. 2nd.	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER Unknown	(Signed). (Address) Spress, 74
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	16 LENGTH OF RESIDENCE (For liospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Mollie more select	Former or usual residence
(Address) Margaret Con. Cases	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Backmann's Cerneter 4/6/, 1930
Filed afe. 6 19230 Jhn J. Connelly	oundertaker Connelly Cessex
If more blanks are needed, address State Registras,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; The contributory

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state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., of by Committee on Nomenclature of the "" "Weakness," etc., when a definite disease or intercurrent) affection need not Example: Measles (disease

V. S. No. 1

Shippe	
PLACE OF DEATH	05298 STATE OF MARYLAND
County Baltemare	CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City CatousvellaNo. Warler	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Charles W. V	Mose stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marke White Single. Marked Marked Married Widowed. OR DIVORCED	16 DATE OF DEATH 20, 1980
(Write the word)	(Month) 20 (Day) \$\int 30(Year)\$ 17 HERERY CERTIFY, That I attended the deceased from
December 28, 1870	Feb 9 1930. 10 May 20 ,1930.
(Month) (Day) (Yesr)	that I last saw he smalive on Many 20 , 1920,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
59 yrs. 4 mos. 22 de. or min.?	Labor Premioria
(a) Trade, profession or particular kind of work Clergyman	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos de.
9 BIRTHPLACE (State or country) Mal	Contributory Secondary (Durstion) yrs. mos. ds.
10 NAME OF Wathaniel Geore	(Signed) Souffersh Burton Jr M. D. 20 V 1970 (Address) Catouxuelle
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Keithley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Md.	ients or Recent Residents) At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Harley (od 50	Former or usual residence Ridgely Caroline Colled
(Informant) (Address) Catourine lo, kd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL hay 22, 1930
Filed 5/21 180 All Registrar	20 UNDERTAKER ADDRESS A Jackson A
	, 16 W Saratoga St., Balto., Requesting V. S. No. 1. Sollo, hel
	V

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless importan+ telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary) The n.ture of the injury, etc. valvular heart The contributory not be

(Approved by U. S. Ceusus and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the additional line is provided for the latter statement; it business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness If retired from or given up on account of the DISLASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At "chool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner. (b) Cotton mill; (a) Salcsman, (b) Crocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Stationary freemen, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocetc., without more precise specification as 6 yrs.). For many occupations a single word or term on OF 11 Home, and children, not gainfully em-For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection—the respect to time and cau ation). using always the same accepted term for the time disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"): Diphtheria (aveid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Broachopneumonia ("Pneumonia,"

head Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as "Puerpenal septicucmic," "Puerpenal peritonitis," etc. conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal rhage." "luanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Erhausticn," "Heart failure," "Haemorvulsious." symptomatic), "Atrophy," "Collapse," Poisoned by carbal's acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underean be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease eausing stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; of the injury, as fracture of skull, and conseof "contributory." (Recommendations on statedeath), 29 ds.; Bronchopneumonic "Debility" ("Congenital," "Seuile," etc.), Chronic valentar heart discuse; Example: Measles (disease Always qualify all "Coma," Measies; (second-

N. S.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD NLY, WITH UNFADING INK---THIS IS A PERMANENT BINDING FOR MARGIN RESERVED WRITE V. S. No. 1.

	PLACE OF DEATH	06490 STATE OF MARYLAND
1	R	CERTIFICATE OF DEATH
C	County	Registration Dist. No.
Vill	lage or City Haleth ofe (No. / The	Mee - Me . St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and humber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male White Server Widowed Or Brivares	16 DATE OF DEATH Jane 9th, 1930. (Mouth) (Day) (Year)
6 1)	OATE OF BIRTH Left 1830. (Month) (Bay) (Year)	that I last saw h hm aliva on Jhue 971 19830
7 A	If LESS than I dayhrs.	The CAUSE OF DEATH 's was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Meter Toses - Acute decompter Secondary Lear of the Shape sail (Baration) yes mos de
ARENTS	PATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Thue 10 1980. (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
14	18 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients, or Recent Residents) At place of death
15	(Address) Religion and Provide (Address) Religion and The State of the	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 2 2 3 8 M
-	Registrar	16 W. Saratoga St., Balto., Requesting V. S No. 1
1.00	of ware builds als needen undiress prace workful!	TO II. DUIGIDED DIS DUILOS PLOGUESTAN IS DI SIN TO

(Approved by U. S. Census and American Public Health Association.)

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Etatement of Cause of Death—Name, first, the Distast Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pnaumonia")

at further correspond-

be obtained before

use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," (secondary or intercurrent) affection need Whooping cough; and qualify as accidental, suicidal, or howicidal, or State cause for which surgical operation was under-"PURRERAL septicaemia," "PUERFERAL poritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease train-accident; Revolver wound of head-homicide; Examples: Accidental discouning; Struck by railway as probably such, if impossible to determine definitely. ment of cause of Wath quences (e.g., Epigs.) Nomonclature of the Americ ture of the injure Poisoned by carbolic acid-probably suicide. The na-FOR VIOLENT DEATHS STATE MINANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; as fracture of skull, and consetetanus) may be stated under the Example: Measles (Recommendations on stateapproved by Committee on n Medical Association.) horoughly and all ques-The contributory Meastes; (second-(disease not be (merely "Con-

	_	OF DEA				
	County	salle	mur			
Vil	lage or St	Battle	e Pa	M (No.	Sha	ssne
	2FU	LL NAME	Ma	ry C	- 1	2000
	PERSO	NAL AND	STATIST	MCAL PAR	RTICULA	RS
7	emale	4 COLOR	OR RACE	MARRIE WIDOWS OR DIVO (Write the	D. WAG	for
8 0	DATE OF BIR	Fel Tel	<i>/</i> -	26		1852
7 A	GF		(Month	i) (Di	-	(Year) LESS than
,		78 yr	. 5	mos.		lay hrs.
(I	a) Trade, prarticular kin o) General nusiness, or e which employ	ofession or d of work, ature of in stablishmen	dustry	low	-ha	<u></u>
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	10 NAME C	8-10.	1	8 Bo	men	no 4-
STN	OF FATH (State of		Ger	mar	nd.	
PARE	12 MAIDEN		hren	100	0	
	13 BIRTHPI OF MOTH (State or		Gern	am	,	
14 7	THE ABOVE	TRUE TO	THE BES	T OF MY	OWLEDG	E

04010 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred In a hospital or institu-tion, give Its NAME in-stead of street and number.) Ward)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH April 27 , 1930
	(Month) (Day) (Year). I HEREBY CERTIFY, That I attended the deceased from 1926. to Capril 277, 1920 that I last saw her alive on Office 2 77, 1920 and that death occurred on the date stated above, at 1030, m The CAUSE OF DEATH * was as follows:
	leuremones of dire
	Contributory Secondary (Duration)
	(Signed Tunk & Cliftee M. M. E. 4-28-1923) (Address) Mulium Mill
	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place In the State yrs mos de.
	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	Mt Carnel april 3,019.36
1	20 YN DERTAKER NODRESS

If more branks are needed, address tate Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No.

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N. B.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory affection valvular heart Nomenclature of the need disease; not be etc., of

PLACE OF DEATH	995 STATE OF MARYLAND
Baltimas	CERTIFICATE OF DEATH
County County	Registration Dist. No.
Village or City Woodlawn (No Swyme) 2 FULL NAME Mary Elizabeth	Ward) Oak Que St.: Ward) a hospital or institution, give its NAME instead of street and stumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH August 30, 1930 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, What I attended the decensed from 192, to aug 30, 1930.
Feb. 10 1861	that I just saw herealive on and 39 , 1930,
(Month) (Day) (Year)	and that death occurred on the date stoled above, at 6 45. A.m.
69 6 20 I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or Particular kind of work Mouse wife	Dequestion with
(b) General nature of industry business, or establishment in	(Duration) Chronic de.
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Society & apollogy, Secondary (Duration) Uncertains
10 NAME OF James Harwood	(Signed) Joshua H. armacost M. D.
11 BIRTHELOE OF FATIVER (State or country)	State the Disease Causing Death, or, in deaths from Clent Causes, state (1) Means of Injury: and (2) whether
of Mother Mary Moore	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ma. R. Srwin Moore	Former or usual residence
(Address) 2900 Libbous aus Balts	Templeville Ind Sept 119 30
Filed Sept 2 - 19230 M.N. Buffer Registrar	Larry M. Armarock Say 4204 Ridgewood By
more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken Whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an worked on may form part of the second statement. a. ditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe-For many occupations a single word or term on

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." (Recommendations on stateand qualify as Accidental, Suicidal, or Howicidal, or Nomemelature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; Examples: as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal scoticaemia," "Puerperal peritonitis," etc. discuses resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatle), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Measles; (second-

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY, I (If d-ath occurred in Ward) a hospital or institu-tion, give its NAME is properly class stend of street and number.) 2FULL NAME stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. of 16 DATE OF DEATH COLOR OR RACE 3 SEX MARRIED. C pe pe WIDOWED. back (Day) onid (Write the word) may I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no at instruction (Day) (Year) (Month) IIILESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. supplied. or min.? ESERVE & OCCUPATION 99 (a) Trade, profession or particular kind of work 20 pla (b) General nature of industry business, or establishment in (Duration) UNFADING which employed or (employer) 00 Contributory ō Secondary 9 BIRTHPLACE MARGIN (State or country) BB EA (Duration) 10 NAME OF OG (Signod) 34 Shot 11 BIRTHPLACE *State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. OF FATHER OZ. (State or country 20 W CA 0: 18 LINGTH OF RESIDENCE (For liospitals, Institutions, Trans-OF MOTHER nform ienta or Recent Residents) 0 h. State 13 BIRTHPLACE In the At place State......yrs.....mos......ds. OF MOTHER of deathyrs......mos...... (State or Country) 00 Where was disease contracted, it not at place of dea h?... should ent of 0 Former or Every item CIANS sho statement usual residence OF BURIAL If more b.anks are needed, addre.s Ltate Registrar, I6 W. Saratoga St., Balto., Lequesting

1) Hansont

(Approved by U. S. Census and American Public Health Association.)

en at home, Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report ployed, as Al school, or Al home. Care should be taken worked on may form part of the second statement. rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on specifically the occupations of persons enwho are engaged in the dutics of the For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia")

> ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of st_ted unless important. use of "Tumor" for malignant neoplasms); Mcasles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," " "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory death

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BINDING	PERMANENT	
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	HIS IS	

PLACE OF DEATH	12214 STATE OF MARYLAND
County DUNG	CERTIFICATE OF DEATH
Village or Ciller AisalustaresNo.	Registration Dist. No. 33
2 FULL NAME aclela Morehed	a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WY COW OR DIVORCED (Write the word)	16 DATE OF DEATH) . 12th , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (1) 4 , 186	17 HEREBY CERTIFY, That Lattended the deceased from
(Month) (Bay) (Year) 7 AGE If LESS than	that I last saw h / alive on / C/, 192, and that death occurred on the date stated above, at / A m.
66 yrs ds. ormin.	
8 OCCUPATION (a) Trade, profession or particular kind of work	Augu lenure Cardiovascular
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Are mos ds.
9 BIRTHPLACE (State or country)	Contributory social decompensation
10 NAME OF GALLE TOTAL	(Signed) (Signed) M. D.
Il BIRTHPLACE OF FATHER	10,7 1920 (Address) The Union med
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER QUBEL Covails	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Wyrunce Bluel,	Former or usual residence
(Address) Restudences Ma	Peur Poule Cemely Oct 14, 1926
Filed Oct. 13, 1986 H. M. Sad S. Registrar	I & Cline Restersoun mel
If more bianks are needed, addre.e State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic ," "Coma," "Convulsions, etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PHYSE.

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

00	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH
ay be	Lemale While OR DIVORCED (Write the word)	(Month)
on on	Damary 10, 184	17 Afril HEREBY CERTIFY, That I att
tha	(Month) (Day) (Year)	that I last saw h alive on
lied. ms ac	If LESS that I day hre or min.	The CAUSE OF DEATH * was as follows
sup In te See	(a) Trade, profession or particular kind of work	Curbial Hom
arefull I in pi ortant	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration)
DE DE	(State or country) 10 NAME OF FATHER	Secondary Dursichi (Signed)
USE CF	11 BIRTHPLACE OF FATHER (State or country) Many lead	*State the l'isease Causing l'eath, Accidental, Suicidel or Homiotidal.
AT AT	12 MAIDEN NAME OF MOTHER Lawrell alban	18 LUNGTH OF RUSIDENCE (For Hospit ients or Recent Residents)
n co	OF MOTHER (State of Country) May lined	At place of deathyrsmosds. State
m of hould to of o	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
0 00	(Informant) Elijah Half	Former or usual residence
CIA	(Address) 1930 Francis (ABlos	20 UNDERTAKER OF THE
20	/ Registral	12 W Section St. Balto Gravesting V. S
7 "	If more b.anks are needed, addre.s Ltate Registre	it, 10 the Selatoga Ste, Dance, produceding to be

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward) tion, give its NAME in-stend of street and number.)

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH (Day) anded the deceased from yra,..... mos. deaths from (2) Whether in and als, Institutions, Trunsvrs......mos....

3 No. 1

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more factorer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

"E haustion," "Heart failure," паетогладе, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of taken. For violent deaths state means of injuny "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: A ccidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; Nomenclature

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH XACTLY, Foliassified. Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is-stend of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED W BINDING OR DIVORCED (Write the word) may (Month) (Day)..... 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the decemed from ACE st instruction (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: UNFADING INK--THIS RESERVED termi ds. or min.? suppli 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF 11 BIRTHPLACE 0 12 OF FATHER 5 0 Z Disease Causing Death, or, in deaths from EZ Violent Causes, state (1) Means of Injury and (2) Whether (State or country) 1 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ____yrs.____mos.____ (State or country) Where was disease contracted, O if not at place of dea.h?. houl 14 THE ASOVE IS TRUE Every Item CIANS sho statement Former or usual residence. Registrar If more banks are needed, address tate Registrar/16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever write None. tired 6 yrs,. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer bouse in the duties of the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fener (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepeis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu-stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County Salto	CERTIFICATE OF DEATH,
	Registration Dist. No.
	OI Bushword Red.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Josaby Morn	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Wildowed. OR BIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 to
AGE / IfLESS than	and that death occurred on the date stated above, at
Frems alunds de or min?	The CAUSE OF DEATH * was as follows:
OCCUPATION	Usem alines maint
(a) Trade, profession or particular kind of work	ea. II
(b) General nature of industry business, or establishment in which employed or (employer)	Chill Duration) yrs. mos. ds.
BIRTHPLACE (Ntate or country)	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF Milliam of Morris	(Signed) Javan La Harbert M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary / might	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
And I have	Former or usual residence
(Informant) 1301 Beech and Rd	Ter Key Greene Co. Ca Capril 25, 1930
(Address) / Die Warren Off	Gerkey Greene Oo. On Gul 23, 19 30.
File Upr, 7-3 19230 9. He Tornica	John F. Denny 15 Light It
If more banks are needed, address thate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

0/012

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from guged in domestic service for wages, as Screant, Cook, ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Forenum, (b) Automobile foctory. The materia For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (6) Grocery

Statement of Cause of Death—Name, first, the DIS-EAME CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetonus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	04013 STATE OF MARYLAND
	County Dallurore	CERTIFICATE OF DEATH
	0-1-10	Registration Dist. No.
care.	Village or City atousville (No.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
erur	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5 5	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Jack	Female White White which will	(Mghth) (Day) (Year)
0	6 DATE OF BIRTH Dec. 21/ 1899	17 I HEREBY CERTIFY That I attended the deceased from
	(Month) (Day) (Year)	that I last saw hell alive on a full 19234
	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
0	30 yrs. 3 mos. // ds. or min.?	The CAUSE OF DEATH * Was as follows:
000	8 OCCUPATION (a) Trade, profession or particular kind of work	Lobar Premoria
	(b) General nature of industry	
וומ	which employed or (employer) MUSE Color Herell	(Durstion)yrsmos// ds.
2	9 BIRTIPLASE (State of country)	Contributory Secondary
6104	10 NAME OF PATHER DE BOLLING .	(Signed) Marshall Blood M. D.
0	U OFFITHER	afril 2 192 30 (Address) Calounulle Mis-
	offither cusy laura Z Syste or cougher cusy laura 72 MAIDEN NAME	V*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Cother a. Sallbuly.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country Country Country	At place of death yrs ds. ds. State yrs ds. State ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Information of M. Mydley)	Former or usual regreence 19 PLACE OF BURIAL OR REMOVAL / PATE OF BURIAL
	(Address) Calousulle Mix.	Loudon land lipe 4, 1930
	Filed 9/3 195 Filed Registrar	20 UNDERTAKER / SON
	- 10 Duty	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write Nonc. For many occupations a single word or term on yrs). Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by cough; or intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory " Shock, Measles;

answered in detail, it will proved thoroughly and all questions answered in detail, it will proved turker correspondence. All the data is essentiar and many be obtained before the certificate is permanents filed.

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BINDING

RESE

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1-PLACE OF DEATH REGISTERED NO. (If death occurred in a hospital or institu-CITY OF BALTIMORE: (No WARD) tion, give its NAME instead of street and 2-FULL NAME number.) WARD (a) RESIDENCE NO (Usuai piace of abode) (If non-resident give city or town and State) Length of residence in city or town where death occurred How long in U. S., If foreign birth? yrs. mos. ds. yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 Single, Married, Widowed, 4 COLOR-OR-RACE 16 DATE OF DEATH (month, day, and year) or Divorced, (write the word) 17 HEREBY That I attended 5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day, and year) and that death occurred, on the date stated above, at Days If LESS than 7 AGE Months I day,....hrs. ormin. 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer). (Secondary) (c) Name of employer (duration 18 Where was disease contracted 9 BIRTHPLACE (city or town) (State or country) if not at place of death?. Did an operation precede death? Date of 10 NAME OF FATHER Was there an autopsy?. II BIRTHPLACE OF FATHER (city or town) PARENTS What test confirmed diagnosis 2 (State or country) (Signed) 12 MAIDEN NAME OF MOTHER Address State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 13 BIRTHPLACE OF MOTHER (city or town) (State or country) 14 19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL Informant. (Address) 19.3 15 20 UNDERTAKER ADDRESS

Registrar

[Approved by U. S. Census and American Public Health Assn.]

EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," has been changed or given up on account of the DISreceive a definite salary) may be entered as House-wife, Housework or At home, and children, not gain-fully employed, as At school or At home. Care should "Dealer," etc., without more precise specification, as man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or inrespective of age. For many occupations a single who have no occupation whatever, write None. persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occumation be taken to report specifically the occupations of Day Laborer, Farm Laborer, Laborer-Coal Mine, vided for the latter statement; it should be used Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, word or term on the first line will be sufficient, e. g., The question applies to each and every person, iroccupation is very important, so that the relative healthfulness Statement of Occupation.—Precise statement of and therefore an additional line is proof various pursuits can be known.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

rotsoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on on Nomenclature of the American Medical Associastatement of cause of death approved by Committee amples: Accidental drowning; Struck by railway train sulting from child birth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State certained as the cause. Always qualify all diseases re-"Weakness," etc., when a definite disease can be asmere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial ably such, if impossible to determine definitely. cause for which surgical operation was undertaken. nephritis, etc. The contributory (secondary or interfy as accidental, suicidal, homicidal, or as prob For VIOLENT DEATHS state MEANS OF INJURY and quali-Bronchopneumonia (secondary), 10 ds. Never report Example: Measles (disease causing death), 29 ds.; current) affection need not be stated unless important -accident; Revolver wound of head-homicide;

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

WRITE CAMULY, WITH UNFADING INK-THIS IS A PERMANENT CORD MARGIN RESERVED FOR BINDING

V. S. No. 1

	CE OF DEATH Balto.		STATE OF MARYLAND OE457 CERTIFICATE OF DEATH
Village or	City Colgate FULL NAME Fred	(No. North)	(74a) Registration Dist No. 44
PERS	SONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	Milit.	SINGLE, MARRIED. Manuel WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
6 DATE OF	BIRTH (Month)	(Day), 18	17 I HEREBY CERTIFY, That I ettended the deceased f
7 AGE	79 yrsmo	s. 2/ds. If LESS	b than and that death occurred on the date stated above, at
business, of which emp	country) Serma	ny	Contributory Secondary (Duration) yrs. mos. mos. (Signed) Cooled W. Alley)
O OF FA	HPLACE THER e or country) Not kn	own	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.
-		nom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs mos ds. State yrs mos
13 BIRT OF Me (Stat	e or Country) Nov 12		1971 1
OF MC	e or Country) VE IS TRUE TO THE BEST O	F MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MILY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE V. S. No. 1

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PLACE OF DEATH	(201) STATE OF MARYLAND
County (Ballimore	CERTIFICATE OF DEATH
41-4-11	Registration Dist. No. 23
Village or City Pers ters lown Nong	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Lasa mand	caby street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. Widow OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH July 25 1866, 1	that I last saw held alive on 7 1930,
(Month) (Day) (Year)	and that death occurred on the date stated above, at 230 A.m.
7 AGE If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
Of vrs. 5 mos. 5 ds. or min.?	1 1
8 OCCUPATION	Augustand: Buthati
(a) Trade, profession or	and the state of t
(b) General nature of industry	my injusticity
business, or establishment in	(Duration) yrs. disc. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duretion) Lyrs f mos. ds.
10 NAME OF STATE OF THE MENTY While	(Signed) M. D.
OF FATHER (State or country) Maryland	*State the Pissase Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marandy Wilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Moeryland	At place of deathyrsds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
A I I I I I I I I I I I I I I I I I I I	Former or
(Informant) Hellieth Janney	usual residence
(Address) Janen Md.	St. Josephe, Jean, Md. Jan- 10, 1936
15 Filed Juny 9 1920 Irreblater	20 UNDERTAKER MODREGS
Registrar	Com, Many Am Charles
If more blanks are needed, addre s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Farmer (re-tired: 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tclunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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S. No. 1

N. B.--

PLACE OF DEATH County Baltimore	01408 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Long Green (No	Mullu St.: Ward) (If death occurred in a hospital or institution, give Its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Female White Single, Widowed OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Abelian 17, 1853 (Month) (Day) (Year)	that I last saw half alive on f 1 19250,
7 AGE 76 yrs. 2 inos. / O ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Syre. mos de.
BERTHPLACE (State or country) Ballmon Co Ind. 10 NAME OF FATHER HENRY STEEL	Contributory Secondary (Duration) (Signed 1923 (Address)
of FATHER (State or country) Lemany	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Mary Rlym	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Steland	At place of death
(Informant) (Address) AMALLIA.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL St Police Catholic Cernety March 3 1930
15 Filed of lb. 0281931 J. S. H. Geristrai	Polm & Stade Jong Green Me. 16 W. Saratora St., Balto., Requesting V. S. Jo. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm labarer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired. 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, ployed, as At school, ar At hame. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Hausewife, Hausehousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Puysician, Campasitor, Architect, tion applies to each and every person, irrespective of whatever, write Nane. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer ar Planter, For many occupations a single word or term on (b) Catton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locamalive (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease Cause in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhaid Pneumonia"); Lobar pneumonia, Bronchapmeumonia ("Pneumonia,"

atic), "(E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revalver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whaoping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drawning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injust State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sareoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chranie valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

R. B.-Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact ECORD AMILY, WITH UNFADING INK---THIS IS A PERMANEN MARGIN RESERVED FOR BINDING

PLACE OF DEATH	1849() STATE OF MARYLAND
County 19 all Co	CERTIFICATE OF DEATH
Mr. Mauri	740 Registration Dist. No.
Village or City VI OU UN (16.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Richard Mu	limeaux tien, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May 4 COLOR OR RAFE 5 SINGLE, MARRIED MULE WIDOW BOLD (OR DIVERSED) OR DIVERSED (OR DIVERSED)	16 DATE OF DEATH JULY 27 1930 (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That hattended the deceased from
(Month) (Day) (Year)	That I last few harmalive on for The 277, 1920,
7 AGE If LESS than	
(Month) (Day) (Year) 7 AGE If LESS than day, hrs	
8 OCCUPATION (a) Trade, profession or Rule Office particular kind of work Rule Office	J. W.
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yre mose de.
business, or establishment in which employed or (employer) • BIRTHPLACE (State or country)	Secondary (Duretion) moe de
TO NAME OF FATHER HANDAMA MUNICIPALINA	(Signed) The howeshall M. D.
II BIRTHPLACE	7/27 (Address) Voladland
OF FATMER (State or country) 12 MAIDEN NAVE	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER MU MANUELLE	18 LENGTH OF RESIDENCE (For Hospitule, Institutions, Trens- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. bate yrs mes ds.
(State or equity)	Where was disease contracted, if not at place of death?
14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) 19 July maux	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Hodlawa Mg	Modern July 29/20
Filed 7 28 1920 mm. Buffers	HO Warshall 3 39/21/21
if more b.anke are needed, addrose State Registra	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

f thress of various pursuits can be known. The quesempition is very important, so that the relative health er," tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter, Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laboreryrs). without more precise specification as Day For persons who have no occupation If the occupation has been changed -Coul mine, etc. Locomotive engineer, not gainfully em-(b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid feer never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma., etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, causing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; "PJURPERAL septicuemia," "JUERTERAL peritonitis," telanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association "Atrophy" "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular nephrilis, etc. Tl Nomenclature of the The contributory heart not be disease,

If this certificate is 1 oked over thoroughly and all questions answered in defail, it will prevent their correspondence. The data is essential and dust the cottained before the certificate is permanently filed.

S. DO. THEORY

N. B.--

PLACE OF DEATH
County Daltimory

STATE OF MARYLAND CERTIFICATE OF DEATH

County I faller March	CERTIFICATE OF DEATH Registration Dist. No.
Village or Cit Mount Wilson (No. Mt Wilson Maryland Julie 2 FULL NAME Mrs. Bessel Munk)	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Wildowed Married, Wildowed Married, Wildowed (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from June 26 1930, to July 18 1930, that I last saw hell alive on July 18 1930,
7 AGE 26 yrs. / mos. // ds. or min.?	and that death occurred on the date stated above, at 6 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	my supercuteris
Vousiness, or establishment in which employed or (employer)	(Duration)yrsde,
9 BIRTHPLACE (State or country) Slorgia	Secondary (Durkion) yrs
10 NAME OF GAWARA Bullock	(Signed) John C. Smith M. D. Luly/81930 (Address Mt. Wilson, Md.
OF FATHER (State or country) Plorgia	*State the Disease Causing Death, ec, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MU Namsey 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Olorgia	At place of death O yrs O mos 22 ds. In the State S yrs mos ds. Where was disease contracted,
(Informant) Charles Munk	if not at place of dea.h? Former or usual residence 3730 Mt. Pleasant Que, Baltome
(Address) 3730 Mt. Pleasant ave	Oal Laur Genety July 22 49 30
15 Filedfuly 19 1930 DE Mellis Registrar	Zilly - Jeiler Ine. 4038. Wolfett
If more banks are needed, address State Registrar	, 16 W. Saratoga Sy., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in donnestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, whe are engaged in the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremon, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Cool mine, etc. Wom-Architect, Salesman. (b) Locomotive engineer, duties of the Grocery,

Strtement of Cause of Death—Name, first, the DIS-EAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

as fracture of skull, and consequences (e. g., sepsis, teturus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent Deaths state Means of Injuny "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Examples: Accidental drowning; Struck by roilway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), If this certificate is looked over thoroughly and all questions Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvatar heart disease; etc. The contributory Nomenclature

υď

		PLACE OF DEATH County Baltimore	14715 STATE
te.	Vil	Mago or City Parkville (No. 31 Lin	
certifical	1	2FULL NAME Mrs Ella C Mil	wroll
Cer		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT
Dack of	3 S	MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH DEC
us on	6 1	MOV, 14, 1851. (Month) (Day) (Year)	October 24 1932
ructio	7 /	If LESS them	and that death occurred on the The CAUSE OF DEATH * was a
see inst	X,	CCUPATION a) Trade, profession or House Wife articular kind of work	Elisour 1
rtant	b	b) General nature of industry usiness, or establishment in which employed or (employer)	a mube
odun	9 E	(State or country) Boltzmore 60	Contributory Secondary
very		10 NAME OF Jefaman Grasd	(Signed) JUN TONA See 4 19230 (Address)
20	ENTS	OF FATHER (State or country) Baltimore 60	*State the Disease Caus Vlolent Causes, state (1) M Accidental, Suicidal or Homicidal
	PAR	13 BIRTHPLACE	1B LENGTH OF RESIDENCE (ients or Recent Residents)
8		OF MOTHER (State or Country) Sath Move (6)	At place of death
	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
		(Informant) MATTON WOOD WONDY (Address) Parsville	Springer of Burial or REMO
	15	Filed 12 14 1930 A-Mal Bacon Registras	John Burns
			do 111 0 0 0 0 0

TE OF MARYLAND

IFICATE OF DEATH

egistration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) IFICATE OF DEATH

Month) (Year) That I attended the deceased from follows: sing Death, or, in leans of Injury and deaths from (2) Whether (For Hospitals, Institutions, Trans-In theyrs.......mos....

If more banks are needed, address tate Registrate 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condietc. The contributory Measles ;

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PLACE OF DEATH	· 07154 STATE OF MARYLAND
County / Sals Co	CERTIFICATE OF DEATH
D. IIt Par	infiered Rd. Registration Dist. No.
Village or City	Ward) (If death occurred in a hospital or institu-
2 FULL NAME EMILLER M- MI	etend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX [4 COLOR OR RACE 5 SINGLE,]	16 DATE OF DEATH CALLS 1/ 2.
Hrwelr. White MARRIED LIdou	(Month) (Day) (Year) 17 I HEREBY CERTIPS, That I altandad the deceased from
March M 856	June 1 1900, to June 16, 1020
(Month) (Day) (Year)	(that I last saw h & Calive on
7 AGE	and that death occurred on the date stated above, et
J4 yrs. mos. ds. or min, ?	Theore plestitud replates
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Dyrade,
9 BIRTHPLACE (State or country) Balk Ma.	Contributory Contributory Secondary Secondary (Duration)
10 NAME OF HAZA. Sch Crumer.	(Signed) / leva Herumiter - M. D.
11 BIRTHPLACE OF FATHER (State or country) SMULLING.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MATHER Hamirita Klum	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) - John Care	At place In the State,yrsmosda.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Home 15 2 Evila.	Former or usual residence
	TO PLACE OF BURIAL OR REMOVAE SATE OF BURIAL
(Address)	1/2012m 6 2m. 6-18 1030
Filed 6/16/ 1920 M. N. Buffers Registrar	Mrs Char a G Rold 2327
U more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative healthwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseon at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (1) Arocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from to report specifically the occ. pations of persons enployed, as At school or At home. Care should be taken housahold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc.. (a) Foreman, (b) Automobile factory. The muterial whatever, write None. . red 6 yrs.). For persons who have no occupation lusiness, that fact may be indicated thus: Farmer (re or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more procise specification as Day -Coal mine, etc. Wom-

ELECTRONIC DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; uiges, peritonacum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menrhage," "Inunition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For violent Deaths state means of injust State cause "Purperal septicaemia," "Purperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase "Dropsy," vulsions," "Debility" ("Congenital," "Senile," etc.). (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The na-Examples: Accidental drowning; Struck by railway Nomenclature of the American Medical Association.) -acoldent; Revolver wound of head-homicide; .. (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Exhaustion," "Heart failure," "Haemorfor which surgical operation was under-(mcrely

quences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenciature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6		PHYSI- d. Exact
	CORD	EXACTLY,
DING	THIS IS A PERMANENT CORD	irms so that it may be properly classified. Exact irms so that it may be properly classified. Exact irms for back of certificate.
ED FOR BINDING	S A PEF	ACE sho
ED F	THIS I	plied.

PLACE OF DEATH County Baltonose	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 4/8
Village or City Overlea (No. 6 Vr. (1) 2FULL NAME Catherine C. 2	merce Cust: Ward) a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Dec. 26, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) · (Year	I HEREBY CERTIFY, That Lattended the deceased from
7 AGE 4 / yrs. / mos. 2 / ds. or mi	The CAUSE OF DEATH * was as follows:
a) Trade, profession or of forme	Larema (laucreas)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) moe moe de.
9 BIRTHPLACE (State or country) Maryland	Contributory HCCONdata Userman
10 NAME OF FATHER HARRY M. Sail	(Stored) / Willy / / Thile N. M. D. Dec 27 1980 (Address) 1800 Of Paul
OF FATHER (State or country) Manyand	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Smorta S. aulfag	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mary fand	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Odword . Muhlel (Address) & W. Greslea Cive.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sammanuel Centley Sec. 29, 1930
15 Filed 12/29 19230 & A. F. Ly M. & Registrar	20 UNDERTAKER ADDRESS
If more hunks are needed, address State Regis	trar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

14714

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken tion applies to each and every Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. For persons who have no occupation 6 If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. person, irrespective of (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of data is essential and must be obtained before the certificate is permanently filed. approved by tetanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., sepsis, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock, Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

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EXACTLY riy classifie	Vil				-	Wade Ave.	St.: Ward)	
ope		PERSON	AL AND STATIS	TICAL PARTICL	JLAR5	MEDIC	AL CERTIFICATE O	OF DEATH
d be st y bo pr ack of			White	MARRIED, WIDOWED, OR DIVORCED		16 DATE OF DEATH	Oct (Month)	3/ , 192 30 —(Day)(Year)
s it	6 [DATE OF BIR	Mar c h	5,	, 1 888	Oct 26	CERTIFY, That I att	ended the deceased from
iled AC ns so th nstruction	7 /	GE	42 yrs. 7		If LESS than			
carefuily sup H in plain ter portant. See	(P) (b) w	a) Trade, pro articular kind b) General na usiness, or es which employed BIRTHPLACE	ofession or d of work ature of industry stablishment in ed or (employer)	ouse Wife			T-192-00-0	yre _ mas 6 de.
hould b		FATHER	Thomas			(Signed) Mar	shall B W	mos de
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	item of information should be carefully supplied ACE should be stated EXACTLY, Physical state CAUSE OF DEATH in plain terms so that it may be properly classified. Then to OCCUPATION is very important. See instructions on back of certificate.	Every item of information should be carefully supplied ACE should be stated EXACTLY, PROINTS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.	County Village or City Village or City PERSON SEX Female PERSON SEX Female Fe	Village or City Catonsvil 2FULL NAME PERSONAL AND STATIS 9 SEX 4 COLOR OR RACE PORTION 6 DATE OF BIRTH March (Mont) 7 AGE 42 yrs. 7 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) Marylan 12 MAIDEN NAME OF MOTHER (State or country) Ireland 13 BIRTHPLACE OF MOTHER (State or country) Ireland 14 THE ABOVE IS TRUE TO THE BE (Informant) Charles P (Address) 16 Wade	County Baltimore Village or City Catonsville (No	County Baltimore Village or City Catonsville (No. 16 2FULL NAME Anna M. Murphy PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE MARRIED. Married WIDOWED. 9 SEX A COLOR OR RACE OF BINTH WIDOWED. (Write the word) 7 AGE MARRIED. Married WIDOWED. (Write the word) 7 AGE (Month) (Day) 7 AGE (Month) (Day) 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 SIRTHPLACE (State or country) 10 NAME OF FATHER Thomas Roache 11 SIRTHPLACE OF MOTHER (State or country) Ireland 12 MAIDEN NAME OF MARRY Stafford 13 BIRTHPLACE OF MOTHER (State or country) Ireland 14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles P. Murphy (husband) (Address) 16 Wade Ave., Catonsville	County Baltimore County Baltimore County Baltimore Full Name Anna M. Murphy Personal and statistical particulars Sex 4 color or race Sangle Married Wilder the word) Sex 4 color or race Married Wilder the word) Sex 4 color or race Married Wilder the word) Sex 4 color or race Married Wilder the word) Sex 4 color or race Married Wilder the word) Sex 4 color or race Married Wilder the word) Female White County Married Wilder the word) Sex 4 color or race Married Wilder the word or min. 2 Sex 4 color or race Married Wilder the word or min. 2 Sex 4 color or race Married Wilder the word or min. 2 Sex 4 color or race Married Wilder the word or min. 2 Sex 4 color or race Married Wilder the word or min. 2 Sex 4 color or race Married Wilder the word or min. 2 Sex 4 color or race Married Wilder the word or min. 2 Sex 4 color or min	County Baltimore Registration I Registration I Registration I Address I Ship Baltimore County Baltimore County Baltimore Registration I Registration I Registration I Address I Ship Baltimore Registration I Registration I Registration I Address I Ship Baltimore Registration I Registration I Registration I Address I Ship Baltimore Registration I Address I Address I Ship Baltimore Registration I Address I Address I Ship Baltimore Registration I Address I Address I Address I In Baltimore Registration I Address I Address I Address I In Baltimore Registration I Address I Address I Address I In Baltimore Registration I Address I Address I In Baltimore Registration I Address I Address I Address I In Baltimore Registration In Interest I In Baltimore Registration In Interest In Intere

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er," etc., will laborer, laborer, are state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). (b) without more precise specification as Day Collon mill; (a) For persons who have no occupation Notion mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer--Coul mine, etc. Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by ('Recommendations on statement of cause of death State cause for which surgical operation was under-"Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Examples: Accidental drowning; Struck by railway train-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condig cough; Chronic interstitial nephritis, "" "Weakness," etc., when a definite disease or intercurrent) Committee on valvular heart disease; affection need etc. The Nomenclature Sarcoma,, etc., of contributory Mensles; not be of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A it be data is essential and must be obtained before the cartificate in permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD ALY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	2	STATE OF	MARYLAND
County 2 acts,		CERTIFICATE	E OF DEATH
0		Registration	Dist. No. 44
Village or City (No.	beth!	myers. Sti: Ward	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWE OR DIVO (Write the	D. RCED RELLE	16 DATE OF DEATH Reh.	12 19 0 (Day) 7 D (Year)
6 DATE OF BIRTH Lec. 300 (Month) (Da	L , 1880	17 I HEREBY CERTIFY, That I at	tended the deceased from
7 AGE 49 yrs. 10 mos. 22	If LESS than I day hrs. or min.?	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	Precient
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	vef	7	
business, or establishment in which employed or (employer)		Contributory Values (Duration)	Here A. Jade.
10 NAME OF FATHER 2 martin I	olf	(Signed) (Signed) (Signed)	yrede.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	P. 11	*State the Discase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ey.	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents) At place of deathyrsmosds.	
(Informant) James 7%	myen	if not at place of dea.h?	
(Address) blossey are	Cisce	Ouk Lawa Cons.	Och. 24, 1930
15 Filed Oct - 23 1920 July 5. 6	Registrar	John G. Connelly	ADDRESS
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on (b) Automobile factory. The material and children, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerehrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not he Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Chronic etc. valvular heart disease; The contributory

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V. S. No. 1

1		r, PHYSI- ed. Exact
	CORD	EXACTL iy classifi
BINDING	DING INKTHIS IS A PERMANENT CORD	carefully supplied. ACE should be stated EXACTLY, PHYSI-II plain terms so that it may be properly classified. Exact
FOR	IS A	So tha
N RESERVED FOR BINDING	DING INKTHIS	carefully supplied

PLACE OF DEATH County Ballerral	04014 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 37
Village or City Lethervelle (No	St.: Ward) St.: Ward (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Aug. 13 (Month) (Day) (Year)	that I last saw her alive on Mar. 30, 19236
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	of Strikes
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 5 mosds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Work (State or country) Work (State or country)	Contributory Secondary (Signed) (Address) (Signed) (Address) (M. D (Signed) (Si
12 MAIDEN NAME OF MOTHER / Late Robinson 13 BIRTHPLACE OF MOTHER (State or Country) Marylano(18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Was Bessie Mayers (Address) Liebter ville rook R. F.D.	if not at place of dea.h?
Filed Registrar If more blanks are needed, address Ltate registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1. Journal

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocr," etc., Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many As examples: (a) (b) materia Grocery;

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all qu stions ariswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 PLACE OF DEATH	OADAE STATE OF MARYLAND
Callanne 8	
County	CERTIFICATE OF DEATH
@ 11 0.0	Registration Dist. No. 43
Village or City of racelle (No. Seefin	g ave st: Ward) [If death occurred in
(10,	a hospital or institution,
Himmes O Alle	give its NAME Instead of street and number,
FULL NAME TOWN	
PERSONAL AND STATISTICAL PARTCULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH DAY 71- 3
Male while OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEBEBY CERTIFY, That Lattended deceased from
6 DATE OF BIRTH	(12 1 10 25 10 25 10 25 10 30
april 22 1930	1 hd 105 21
(Month) (Day) (Year)	that I last saw h Malive on 3, 1990
.7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs, mos, 3 ds, OR min.?	The CAUSE OF DEATH was as follows:
OCCUPATION 1	Dema Defede Mon Creeke
(a) Trade, profession, or	
particular kind of work (b) General nature of Industry	grywncipholas
Dusiness, or establishment in	Rub Twee / Das
Which employed (or employer)	(Ouration) yrs mos ds.
State or country)	Contributory Secondary
- Marylana	(Durstion) yrs mos ds.
10 NAME OF FATHER	(Signed) Olmuna Caro M. D.
o yenry form physics	562 Ne. 1 101
BIRTHPLACE OF FATHER	*State the DISEASE CAUSINO DEATH, or, in deaths from VIGLENT
11 BIRTHPLACE OF FATHER (State or county) 12 MAIDEN NAME 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER da Barlenberton	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Mary and	At place In the
	of deathyrsmosds. Stata,yrsmos. ds. Whera was disaasa contracted,
14 THE ABOVE IS TRUE TO THE BUST OF MY KNOWLEDGE	If not al place of death?
(Informant) / wy frm //my	Former or usual rasidence
RI John O	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address) / Casper Wig Ind	0 - Oth 10 do 0kg 1/2/ 20
15	grow sufferanimental fruit for
Filed LLL 1980 DU Fat	20 UNDERTAKER ADDRESS
REGISTRAR	Tredenck assafmotors pillettor
1f more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

& yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of oecupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus, on Nomenelature of the American Medical Association:) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by earbolic acid-probably Struck by "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpenal scplichumia," cause. "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic vulvular heart disease; Chronic interstitial to determine definitely. Examples: Aecidental drowning; etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "," "Old Age," Always qualify all diseases resulting from childrailway The contributory (secondary or intercurtrain-accident; "Shock," "Uracmia," "Weakness, "Dropsy," State cause Never report mere Revolver (Recommendations "Exhaustion, important. for which mound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or instituproperly classificate. tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS PERMANENT 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED (Write the word) onld may HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH ä instruction (Day) (Month) 4 If LESS than and that death occurred on the date stated above, 7 AGE 08 The CAUSE OF DEATH * was as follows: upplied. 8 OCCUPATION sul n t (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in 2 which employed or (employer) BIRTHPLACE (State or country) De EA 00 10 NAME OF FATHER LL Shot E OF ഗ OF FATHER the Disease Causing Death, or, In SO Violent Causes, state (1) Means of Injury and CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state SCUP/ ients or Recent Residents) CCU 13 BIRTHPLACE In the At place of desth ____yrs.___mos, ___ds. OF MOTHER (State or Country) Ö Where was disesse contracted, of should if not st place of death? of Every item CIANS sho statement Former or usual residence. 20 UNDERTAKER 00 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

R >

MARGIN

UNITED STATES STANDARD
POTIFICATE OF DEATH
Census and American Public viation.)

REVISED

state occupation at beginning of illness. If retired from er," etc., Wilnum ... Laborergaged in domestic service for wages, as Servant, Coak, Housemuid, etc. If the occupation has been changed work, or At Hame, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Hausewife, Hause Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cattan mill; (a) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nane. to report specifically the occupations of persons enployed, as At schaal, ar At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physicum, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Fareman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Doy Campasitor, Architect, Cattan mill; (a) Solesman. (b) Grocery; (b) Automabile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locamotive engineer,

spinal meningitis"); Diphtheria avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the Dis-Typhaid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Branchapneumonia ("Pneumonia,

> (Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinama, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by or as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drawning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis af lungs, men-American Medical Association.) Never report mere symptoms or terminal condicough; Chranic etc. The contributory valvular heart disease;

permanently filed data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a'l questions

N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact CORD LY, WITH UNFADING INK--THIS IS A PERMANENT I MARGIN RESERVED FOR BINDING WRITE F V. S. No. 1

PLACE OF DEATH County Calling	STATE OF MARYLAND CERTIFICATE OF DEATH
loa on all.	Registration Dist. No. 30
Village or City Strussell Walson groung 2 FULL NAME Boger J. V.	Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH august 10, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19 1 to
7 AGE 1 9 yrs. mos. ds. or min.?	and that death occurred on the data stated above, at 3/1 Am. The CAUSE OF DEATH * was as follows:
B OCCUPATION / (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Dursijon) 15 yre mos de,
9 BIRTHPLACE (State or country) Ware land	Contributory Car funel 7 Right arm v when Secondary (Duration) yrs mos 10 de.
10 NAME OF FATHER THE MILES	(Signed) The Grantel M. D. aug (1 19230 (Address) Catrisvelle
C (State or country) Quaryland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Meary Johnson	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Translants or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Warefaut	At place // yrs. // mos. 3 ds. In the State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / Asplia suent.	BULLER Run and Aug. 14 1930
15 Filed Fly 197 Selles	20 UNDERTAKER Son and ADDRESS Westmighter and.
If mora bianks are needed addrage State Registrar,	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory

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PLACE OF DEATH	O DEGGI STATE OF MARYLAND
County Balling Co	CERTIFICATE OF DEATH
	Registration Dist. No. 44
11 - 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Village or City Strange Poles	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Bay Infers	tion, give Its NAME is a stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Jemale Corlord (William Wild Cop Bridge Cop	(Nonth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
4. 4	1920, to 7, 1920,
(Year)	that I last saw harmon at 4 , 1920
7 AGE If LESS tha	n and that death occurred on the date stated above, at
h l day hr	s. The CAUSE OF DEATH * was as follows:
Bon deld yrs mos ds. or _ min.	A D D
(a) Trade, profession or	smoore.
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs. mos ds.
which employed or (employer)	Contributory
State or country)	Secondary
10 NAME OF	(Duration) yrs. mos. ds.
FATHER John Mesen	(Signed) M. D.
11 BIRTHPLACE	192/ (Address)
(State or county) Back Rice	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Water Incyes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the
(State or Country) Back Puls	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
(minimum)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) I mother Ratury	is St Stephen land Dur 5 . 1930
Filed fing 5 180 John G. Cornelly	20 UNDERTAKEN A & O.A. ADDRESS
Registrar	mrs 12 Clist 1725 Boger

If more bianks are needed, address trace Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. Civil engineer, Physician, or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, Locomotive engineer, .""Deal-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroinal meningitis"); Diphtheria (avoid use of "Croup"); phoid fever (never report "Typhoid Pneumonia"); bar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.); "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic valvular heart disease; Nomenclature of the " Shock,"

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WRITE P

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	PLACE OF DEATH	021
(County Bultimore	(3)
Vill	age or City Colgate, Suclar Rack 674	
	2 FULL NAME Infant Nado	lni
	PERSONAL AND STATISTICAL PARTICULARS	ME
3 s	MARRIED. Swale	16 DATE OF DE
6 D	January 23, 19.	30 thad lost saw
7 A		than and that death
	yre. mos. ds. or 0	
() P	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in hich employed or (employer)	
_	(State or country) Graceland Park Md.	Contributory
	10 NAME OF Adam Nadolni	(Signed)
ENTS	OF FATHER (State or country) Poland	*State t Violent Caus Accidental, Su
PAR	OF MOTHER Minnie Wensich	18 LENGTH O
	OF MOTHER (State or country)	At place of deathyrs Where was diseas
14	(Informant) Adam Nadolni (Father)	if not at place of Former or usual residence
	(Address) 6747 Robert Sec.	19 PLACE OF B
15	1/2 / Walle	20 UNDERTAK

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If more bianks are needed, address State Registrer, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

-		//		D = 11	
				, ,	1
	Registr	ation I	Dist. N.	o. 4	-/

.:Ward)	(If death occurred in hespitel or institution, give its NAME in	
	steed of street an	d

Ballimore S. Broadway

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH January 23, (Month) (Day)	1930
17 I HEREBY CERTIFY, That I at ended the de-	ceased from
m 23 1930 . to Jan 23	, 157
that lest saw hallve on	, 192
and that death occured on the date stated above, at	00 a.n
The CAUSE OF DEATH * was as follows:	
(Duration) yrs. w	d
Secondary	
(Signed) (Durstion) yrs m	M. I
Jan 23 1930 (Address) Dundallo	my
*State the Discase Causing Death, or, in dea Violent Caus s, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	the from whether
18 LENGTH OF RESIDENCE (For Hospitals, institution in the second Residents)	ions, Tran
At place In the State yrs	.moed
Where was disease contracted, if not at place of death?	
Former or usual residence	
Phist Ev Luth, Church Com, Jon 2	9, 193

(Approved by U. S. Census and American Public Health Association.)

er," etc., William - Laborer - Labor Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Civil engineer. Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many -Coal mine, etc. Locomolive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor ymeumonia. Bronehopneumonia ("Pneumonia,")

taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely syniptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sepsis earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, causing death), 29 ds.; Bronehopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-Chronic interstitial nephritis, etc. The contributory American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronie valvular Nomenclature of the heart disease; not be

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7. S. No. 1

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Evidence for dhange of surname shown on Film Gll1 8/6/47 dm	000
PLACE OF DEATH ROSpital Letter.	STATE OF MARYLAND
County Oalte	(16) CERTIFICATE OF DEATH
1 + 12 11	Registration Dist. No. 31
Village or City le lousul No pun 2FULL NAME Richard . F.	Nash Nash Ward) (If death occurred in a hospital cr institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, Married, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY That Lattended the decound for
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw he Walive on Meh 20 , 1926
7 AGE If LESS than I day hrs. B OCCUPATION A STREET OF MIN.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Mechanic (b) General nature of industry	Meneral Mides of Mana
business, or establishment in which employed or (employer)	(Duration) yra moa de
9 BIRTHPLACE (State or country) Comm	Contributory Secondary (Durandar) Via mos de
10 NAME OF FATHER LINK	(Signed) 1926 (Address) Latousulle M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER M	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfeats or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) LWB.	At place of vis
(Information Ruelina The Best of My Knowledge	Former or usual residence. Dalt. Pul
(Address) 62 Thayes She fresten &	19 PLACE OF BURIAL OR REMOVED DATE OF BURIAL 1924
Filed 3/24 1926 Dr. D. Mass Fells	Fields 1200 W Losubar
If more blanks are needed, address State Registras	r. & W Saratoga St., Balto., Requesting V. S. No. 1.

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30	-	0
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n should be carefully supplied. ACE should be stated EXACTLY, F	ISE OF DEATH in plain terms so that it may be properly classified.	M is very important. See instructions on back of certificate.
3	L	Ve
0	0	50
G	isi	-
_	S	Z

PLACE OF DEATH STATE OF MARYLAND Batterino CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED. 4 COLOR OR RACE 3 SEY WIDOWED OR DIVORCED Write the word I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than and that death occurred on the date stated above, at / O 7 AGE I day hrs. Tha CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. Z and (State or country) ш 12 MAIDEN NAME r 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER (State or Country) Where was disease contracted, if not at place of death?. usual residence (Address) 20 UNDERTAK

If more branks are needed, addrass Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item CIANS short

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day Cotton mill; (a) Sulesman. (b) Grocery; (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (discase unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved Examples: Accidental drowning; Struck by railway train. American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on Chronic valvular heart disease; etc. The contributory affection need Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
() / X	Registration Dist. No. 4
Village or City (No	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Chas. S. Neigh	a hospital or institu- ilon, give its NAMM in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Married, Married Wildowell OR DIVORCED (Write the word)	(Month) (Day) (Year) 17) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	that I last saw by inslive on Illas 2 80 1980.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 245 Porms.
7 AGE 75 6 16 LESS than t dayhrs.	The CAUSE OF DEATH & was as follows:
4 OCCUPATION A	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. / mos de.
which employed or (employer)	Contributory Julius Garage
8 BIRTHPLACE (State of country) Mary (au)	Secondary (Duration)
10 NAME OF JACOTE 7 Veralist.	(Signed) Ruflaure M. D.
2 11 BIRTHPLACE 7	29. 19B O(Address) / Halley Jay Let
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME)	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Wary Droddenstick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Waryland	At place In the State,yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if por at place of death?
(Informant) Statella Noth Lie	Former or usual residence
(Address) Ole Washington Ro) 4	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wellery July 1, 130
Filed Asy 30 1930 Ter Julieffer Regular	Drugged Link 184 Washington plro
" more blanks are needed, address State Registrar.	16 W. Saratoga St., Balte., Requesting V. S No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the worked on may form part of the second statement additional line is provided for the latter statement; it to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (t) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotise engineer, (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parenits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of oc etc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as For persons who have no occupation in many Day

Stacement of Cause of Death—Name, first, the big.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");

Typhoid fever (never report "Typhoid pneumonia");

Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, OI diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or Poisoned by carbolic acid-probably suicide. The na. train—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uracmia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion." "Heart vulsions," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinonia, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conseof "contributory." (Recommendations on state FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measics (disease failure." "Haemor-(merely terminal

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[Approved by U. S. Census and American Public Health Asso.]

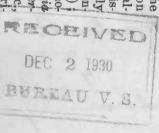
receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autonature of the business or industry, and therefore an additional line is provided for the latter state-Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary Architect, Locomotive Engineer, Civil Engineer, respective of age. For many occupations a single word or term on the first line will be sufficient, The question applies to each and every person, iroccupation is very important, so that the relative account of the disease causing death, state occu-If the occupation has been changed or given up on ice for wages, as Servant, Cook, Housemaid, etc. occupations of persons engaged in domestic serv-Women at home, who are engaged in the duties of the household only (not paid Housekeepers who without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form to know e. g., Farmer or Planter, Physician, Compositor, healthfulness of various pursuits can be known. pation whatever, write None. business, that fact may be indicated thus: Farmer pation at beginning of illness. If retired from (retired, 6 yrs.). For persons who have no occu-Care should be taken to report specifically the Statement of Occupation.—Precise statement of (a) the kind of work and also (b) the

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"), Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pncumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name or lease to the lungs, meninges, peritoneum).

ease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæinterstitial nephritis, etc. "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Constated unless important. ondary or intercurrent) ing cough, chronic valvular heart disease; Chronic gin "Cancer" is less definite; dent; Revolver wound of head—homicide; soned by carbolic acid—probably suicide. Sible to determine definitely. Examples: Accias "Puerperal scpticemia," "Puerperal peritonimor" for malignant neoplasms); Measles; Whoop dations on statement of cause of death approved consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommennature of the injury, as fracture of skull, dental drowning; Struck by railway train-MEANS OF INJURY and qualify as ACCIDENTAL, SUItis," etc. State cause for which surgical operadiseases resulting from child birth or miscarriage "Marasmus," "Old Age," "Shock," "Uræmia," Medical Association. by Committee on Nomenclature of the American tion was undertaken. For VIOLENT DEATHS state Example: Measles (disaffection need not be The contributory (secoid use of "Tuacci

Additional space for further statements

by physician



	PLACE OF DEATH County Baltanna Co	07723 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Australia (No	St.: Ward) (If death occurred in a hospital or institution, give lts NAME I) stead of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 10 2 1920
	May 7 (Day) , 1/854/ (Year) 7 AGE (If LESS than	that I last saw h Walive on July 22, 1920
	76 yrs. 2 mos. 1 ds. or min.?	The CAUSE OF DEATH * was as follows:
Contract Con	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) fulladapha 10 NAME OF	(Duration) mos 2 H do. Contributory Serula Cardis - Mayaler Secondary 4 renal pulsal (Duration) yro
	FATHER Thomas Itamason 11 BIRTHPLACE OF FATHER (State or country) 12 MalDEN NAME OF MOTHER OF MOTHER	(Signed)
	13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place In the State yrs ds. Where was disease contracted, if not at place of dea h?
	(Informant) Front Neilson (Address) 526 West 1/3St.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 10 Tres dale Person Wile 24 19 30
	Filedely 23 186 Mm ? Attor Def Registral	Henry It Sukins & mcculash
Н	, , , , , , , , , , , , , , , , , , , ,	

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, (b) For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Automobile factory. The material Locomolive engineer, Grocery;

Stritement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease atic), "Atrophy." "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal pertionitis," etc. Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as accidental, suicidal or homicidal, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

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V. S. No. 1

Vi Vi	f certificate	on back of cer	structions	it. See in	Important. See in	NTS VOI	of OCCUPATION IS	14
N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	on back o	structions	it. See in	/ Importan	N Is ver	CCUPATI	o to the
WRITE ALY, WITH UNFADING INKTHIS IS A PERMANENT ECORD	total EVA	thould be	ed. ACE s	ily suppil	be carefu	USE OF D	nformatic state CA	should

Co	PLACE OF DEATH untyBaltimore	14716i	STATE OF MARYL CERTIFICATE OF D Registration Dist. No.	EATH
Villag	2FULL NAME FRANCES NELSON	ow Avenue	a hospit	h occurred in al or institu e its NAME in of street and
1	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEAT	н
s sex	4 COLOR OR RACE SINGLE, MARRIED, Widowed Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH	December 23rd, (Month) Max (Day)	
6 DAT	February 16th 1852 (Month) (Day) (Year)		CERTIFY, That I attended the 192 to Dec 73	deceased from
3(a)	If LESS than day hrs. hrs. nrs. nrs		red on the date stated above, at (H * was as follows:	7:40 P.m
(b) busi whice	General nature of industry ness, or establishment in ch employed or (employer) THPLACE State or country) Germany	Contributory Socondary	Jewelley	mos ds.
S III	O NAME OF FATHER George Jackson BIRTHPLACE OF FATHER (State or country) Germany	(Signed) 19t3 *State the D Violent Causes, si Accidental Suicidal	W. J. Whyy	M. D. deaths from (2) Whether
PA _	of Mother Unknown Berthplace OF MOTHER (State or Country) Germany	18 LENGTH OF RE ients or Recent Ro At place of deathyrs	SIDENCE (For Hospitals, Institution of the State	
	Informant) George F. Nelson (Address) 20 Willow Ave., Overler	Where was disease confif not at place of dea Former or usual residence	***************************************	OF BURIAL 26. 1930
15 Fil	led 12/24 19230 J. A. Trutz. Registrar If more branks are needed, address State Registrar	Trederick Sa	esalmo ou 7401 B	
	to more manas are needed, address prace vestation	1 44 m. Detarola pril		

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi or intercurrent) affection need not be ess important. Example: Measles (disease

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PLACE OF DEATH County Saltinot	10167 STATE OF M	
10, 100	Registration D	5
Village or City Catons or (No. 2 Opres		(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH COMMON (Month)	30, 1930
6 DATE OF BIRTH March 20, 1868 (Month) (Day) (Year)	that I last saw h semalive on	nded the deceased from
62 yrs. 6 mos. 19 ds. or min.?	and that death occurred on the date stated and the CAUSE OF DEATH * was as follows:	above, atm.
(a) Trade, profession or particular kind of work (b) General nature of industry	Cerebral Embo	Que mo
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Contributory Secondary (Duration)	yre mos 3 de
10 NAME OF FATHER Jas. helson	(Signed) 1754 6 6 2 1 2 2 (Address) 1600	forsille M
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Piscase Causing Death, Violent Causes, state (1) Means of Injunctional, Suicidal or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE)	ients or Recent Residents)	40 yrs mos ds.
(Informant) Afring Turn Hosp	Former or Caulty 1990	DATE OF BUBIAL
(Address) 15 Filed 1925 Registrat	29 UN DERTAKER	ADDRESS 300 C
If more banks are heeded, sudie a tate hegistran	r, 16 W. Saratogy St., Bulto., Lequesting V. S.	iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The queseupation is very ing ortant, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etr. But in many Physici:n. Compositor, Architect, Locomolive state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusines; that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, whatever, write None. report specifically the occupations of persons en-Foreman, or Al urs). KILOW man, (b) Automobile factory. The material without more precise specification as Day Home, and children, For persons who have no occupation (2)the kind of work and also (b) the person, irrespective cf not gainfully emengineer,

Strtement of Cause of Death—Name, first, the bismen is a cause of Death—Name, first, the bismen is a cause of Death—Name, first, the bismen is a cause tion, using always the same accepted term for the same dise se. Examples: Cerebrospinal feer (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Divilheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid Pneumonia," Typhoid pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of atie), (name origin; "Caneer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is a firmal entity filed.

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J. S. Noyl

2 Z

Village or Circuitallallaloum(No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital cr. institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single Widows Starrie (Write the word)	(Morth) (Day) (Year)
6 DATE OF BIRTH (Alborth) (Day) (Year	- 0/2
7 AGE If LESS the liday If I day If I	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Illiam Nagner	Contributory Secondary (Duration) (Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	Stata the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER MULLE OWELL 18 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For ionts or Racent Rasidents) At place of death yrs ds. Where was disease contracted,
(Information . Wilson	if not at place of death? Former or usual residence
15 Filed may 15 19220 My Duffer Registra	Mulius Church ley May 17,930. Men Son Suplantle
If more blanks are needed, address State Regist	rar, 16 W. Saratoga St., Baito., Requesting V. S. Vo. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of octired. 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISTASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. Locomolive engineer, (b) Grocery; material Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. L. Tamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," Whooping American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; "Heart failure," "Haemorrhage, Chronic valvular heart disease; affection need etc. The contributory not be

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16163 STATE OF MARYLAND CERT!FICATE OF DEATH Registration Dist. No. 4/
dley St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Sept 29 , 1930
17 I HEREBY CERTIFY, That I attended the deceased from 27 1930 to Supt 29 , 1930
that I last saw homalive on the fact of the stated above, at 5 30 A m. and that death occurred on the date stated above, at 5 30 A m. The CAUSE OF DEATH * was as follows: Scalded by hot water in.? the sheat the secidentally turning on the sheat care.
Contributory Secondary (Duration)
(Signed) M. D. Supt. 2 9 1930 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs described State yrs described State yrs described State yrs described at the Sta
if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Odd 1, 1930 20 UNDERTAKER ADDRESS Low Lelling Low Long St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plonter, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material and children, not gainfully em-Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary earbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was underapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Aecidental drowning; Struck by railwoy train-American Medical Association.) (Recommendations on statement of cause of peritonocum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Chronic etc. The contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

I. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact AINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

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PLACE OF DEATH County Paltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	Correction Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 27, 1938.0
S DATE OF BIRTH S DO 25, 1884 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1919 to 1920, 1920 of that I last saw he alive on left 150, 1920
7 AGE 45 yrs. 8 mos. 2 ds. lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at 3 4 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Krombourf Comments
10 NAME OF FATHER RESPECTIVE PROCESSES. 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Duration) yrs. mos. de. (Signed) (Signed) (Madress) (Madress) (Madress) (Madress) (Madress) (Mannes of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death / yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	Where was disease contracted, if not at place of death? Former or usual residence Dalk
(Address) 7-2/5 M Blevry Dr. Filed 192 Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept 21, 1930 20 UNDERTAKER ADDRESS L 334 Seffers
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer--Coal mine, etc. Wom-en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc.; when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registra	tion D	ist. No.	77
ena live. St.: V	Vard)	a hospital	occurred la or institu its NAME in street and
MEDICAL CERTIFICA	TE O	F DEATH	
16 DATE OF DEATH	. ,	5 /	198 0
			-
17 I HEREBY CERTIFY, That			(Year)
200 (1920 to	-		
			172
that I last saw h alive on			, 192
and that death occurred on the date a	tated	above, at	2.43 ftm
The CAUSE OF DEATH * was as follow	wst		

Lobar Ines	in	non	<i>ia</i>
			.5
(Duration)	********	yrs1	mosde
Contributory	• •••••		*************************
(Duration)		Vrs	mosde
0. Tu	lar		
(Signed)	Ta	aceso	Sul
200V, 22 1922 (Address)			
*State the Discase Causing I Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	eath, of lnj	or, In de ury and (2) Whether
18 LENGTH OF RESIDENCE (For I	Hospita	als, Institu	tions, Trans
At place of deathyrsmosds,	In the State	yrs	mosdı
Where was disease contracted, if not at place of death?			~0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Former or usual residence			*************************
19 PLACE OF BURIAL OR REMOVAL		DATE OF	BURIAL
Loudon Vark	1	nov. 2	2, 193
		ADDRESS	

If more blanks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

pation to and supe who see with with nov. 20, 1480. BS 141/0

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., Without Laborer, Laborer Coat Henry, laborer, Farm laborer, Laborer Coat Henry, at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; approved Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature Chronic etc. The contributory valvular heart disease;

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1930

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Exact

		PLACE	OF DE	ATH			
	(County	Bal	time	ne		
	Vill	age or City	30	arls	. 7	(No.	· · · · · · · · · · · · · · · · · · ·
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		PERSON	AL ANI	DSTAT	ISTICAL	_ PAF	RTICU
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				Cipi	Q onth)	(D	7 (ay)
	7 A	GE					
			80	yrs.	5 mos	. 9	ds
1	(a) Trade, pro articular kind	fession	or			
	(1	o) General na	ature of	industry		4	
		hich employe					
	9 8	(State or cou	intry)	Rei	ea.,	6	· .
		10 NAME O	C	hist			
	SEN	11 BIRTHPL. OF FATH (State or	ACE		Osac		
	PARE	12 MAIDEN OF MOTH		ma	iza	et	m
	Libra	13 BIRTHPL OF MOTH (State or			Dui		
	14	THE ABOVE	IS TRUE	TO THE	BEST OF	MY	NOWL
		(Informant)		Ben		B	M.
	15	(Addr		11930		3	Be

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If LESS than I day hrs.

or min.?

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year)

STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-

hoedt micale	tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH Sept.	26 , 1930 (Day) (Year)
I HEREBY CERTIFY, That I	ept- 26, 1930
that I last saw halive on	AL . 2.5 1950 ted above, at 6 30 P. m.
The CAUSE OF DEATH * was as follows	1
Contributory arters Secondary (Duration) (Signed)	Obres mos de
*State the Disrase Causing Der Violent Caus s, state (1) Means of Accidental, Suicidal or Homicidal.	o yelle I'd
18 LENGTH OF RESIDENCE (For Ho ients or Recent Residents)	
of death yrs death ds. Where was disease contracted, f not at place of death?	the State yis inos de
Former or usual residence	DATE OF BURIAL
Mereford, Menylan	Sept. 79. 1930

No. 1 υĝ

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Nervant, Cook work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Pealsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, laborer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons enetc., mer, (b) Cotton mill; (a) Salesman, (b) Grorery; Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. For many occupations a single word or term on yrs). For persons who have no occupation Farm leborer, without more precise specification as Day Compositor, Architect, who are engaged in the duties of the Laborer--Coal mine, etc. Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the Drs. FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Dipulheria (avoid use of "Croup"); Spinal meningitis"); Dipulheria (avoid use of "Croup"); Imbar pneumonia, Bronchopneumonia ("Pneumonia");

6

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonoeum, etc., Carcinoma, Sarcona,, etc., of approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., schwie, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. ", Exhaustion, Whooping cough; dedunus) may be stated under the head of "contributory. carbolic acid-Examples: Accidental drowning; Struck by railway train. American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary) ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) -probably suicide. The nature of the injury, Committee on Chronic valeular heart discase etc. affection need Nomenclature The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A like data is essential and must be obtained before the certificate in permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporty classified. Exact etatement of OCCUPATION is very important. See instructions on back of certificate. ECORD NLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE 02

0

	PLACE OF DEATH County Callinore	02660 STATE OF MARYLAND CERTIFICATE OF DEATH
1	Dans Production	Registration Dist. No. 44
	2FULL NAME Eva Elysbeth	Nickel Ward) (If d-ath occurred in a hospitul or institution, give Its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 DEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw PT alive on Rock 7, 1923
	7 AGE 60 yrs. 9 mos. 4 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 12.550m. The CAUSE OF DEATH * was as follows:
1	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Sarcoma 4 2 Lumbar lata
	business, or establishment in which employed or (employer)	(Duration)yrsmosds.
2	9 BIRTHPLACE (State or country) Servacy	Secondar Charles of Frace Courses (Duraign) yrs moe de,
	10 NAME OF Bernard Storck	(Sighed) Taces Kralle A.D.
	of FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Clukuown	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds, In the Stateyrsds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	t not at place of dea.h?
	(Address) Rila Rd. Roselale	Roudon Park Ceny. Mar. 19, 19 30
	Filed man. 10 102 d Strash Cornelly	WM Hickner Roms North Ha
	If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Sargtoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> and qualify as ACCIDENTAL, SUICIDAL on HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Suck by galway train—accident; Revolver wound of dead—nomicid—Poisoned by "E.haustion," "Heart Lance,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.:haustion," "Heart failure," "Haemorrhage, st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (detamus) may be stated under trachead of "con "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on, earbolie acid—probably sui State cause for which surgical operation American Medical Association (Recommendations on statement of cause approved by Committee on Nomenclatus "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state resulting from childbirth or miscarriage as cough; Chronic ide Then turb of the injury, Example: Measles (disease etc. The contributory affection need valvular heart nces (a) g PA S OF INJULY was underdisease; utory."

If this certificate is looked over the oughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

med atto Blag.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

N.B.

	PLACE OF DEATH	07724 STATE OF MARYLAND
	County 13 Cellinice	CERTIFICATE OF DEATH
	4 1 00	Registration Dist. No. 42
	Village or City Cecestowne No. Oleg cake	Use St.: Ward) (If death occurred in a hospital cr institu-
3	2FULL NAME Albert	Michael (nickelas)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male white (Write the word)	(Month) (Pay) (Oay) (Year) (1980)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(oct 28 1820)	1980 to July 1980.
	(Month) (Day) (Year)	that I last saw here alive on Soulty 1930.
3	7 AGE If LESS than I day hrs.	and that death occured on the date stated above, at
	yrsmosds. ormin.?	THE CHOSE OF DEATH . Was as follows:
	6 DCCUPATION (a) Trade, profession or	Carcenoma of
	particular kind of work All Cold of 1821	llorout 0
	business, or establishment in	(Duration) ds.
	which employed or (employer) Pure MICH.	Contributory (ascermatorio
	(State or country) MM	Duration yrs mos L Q ds.
2	TO NAME OF FATHER LAND DANK POL	Kigned Naymund & Haure M. D.
0	TERIOTHPIACE	Josep 18/1920 (Address 208 Hallers Hung Ref
	OF FATHER (State or country) 12 MAIDEN NAMEO	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER & MMU gell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds.
	(State or country)	Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
5	(Informani) Selle / Westerns	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
laten	(Address) Jandpluse	Loudon Park Gemetery 7/21 , 1, 30
0	15 Filed pely 9 19230 Kesselfer	Menty W. nears Von 505 y. Calvery St.
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from en at home, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. cupation is very important, to that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Lousewije, Househousehold only (not paid Louisheepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Linnager." "Deal-Spinner, (b) Colton mill; (a) Salesman. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments it is neces-Civil engineer. Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of oc-, * et .. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Form laborer, Laborer - Coal mine, etc without more specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory The material precise specia ation as Day Locomoline engineer, As e amples: 'a) But in many The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"(Inamition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, letunus) may be stated under the head of "contributory." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonueum, etc., Carcinonu, Sarconu, etc., of (Recommendations on statement of cause of carbolic acid-probably su cide. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "TUERPERAL perilonilis, ein be ascertained as the cause. Always qualify all " Ursemia, (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; accident; Revoluer wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, interstitial nephritis, resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease cough; Chronic " "Old Age, " "Shock," etc. The n_ture of the injury, valvular heart disease; The contributory of cause of death

If this certificate is looks only thoroughly and all questions answered in detail, it will be very further correspondence. A the dita is essential and pust be obtained before the certificate is permanently filed.

STATE OF AN

County Calleur Re Village or Cital allston (No							
County Galleurse	1	PLACE (OF DEA	TH_			
Pardall Francis	Cou	n (y) Da	elu	up	2		
1 101 days al - Ac		19	,	11	/		
illage or Vitual account (No	Village	or dista	uda	less	WIN	lo	0

12866 STATE OF MARYLAND CERTIFICATE OF DEATH

Village or Gaudalleform (No.	Registration Dist. No
2FULL NAME Seese Me	number.)
PERSONAL AND STATISTICAL PARTICUPARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 1920.
7 AGE [If LESS than	and that death occured on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH ; was as follows:
(a) Trade, profession or particular kind of work	Stellfore
(b) General nature of industry business, or establishment in	(Duration)yrs
9 BIRTHPLACE (State or country)	Contributory Secondery
10 NAME OF THE STATE OF THE STA	(Signed 193) (Address) and shells
OF FATTER (State/or country) 12 Majoen NAME 12 Majoen NAME 13 Majoen NAME 14 Majoen NAME 15 Majoen NAME 16 Majoen NAME 17 Majoen NAME 18 Majoen NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER GLOSE A SUPPLIED	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Maryland	At place of death yrs
14 THE ABOVE IS RUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Raughall Statum	Splane of Burial OR REMOVAL DATE OF BURIAL OCT. 157, 19
15 Filed 9/14/ 1970 Mn. Buffer Registras	Joseph Nickoles Randallston
If more blanks are needed, addross State Registrar	16 W. Stratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

2

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return 'Laborer,'" Foreman," 'Nanager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As champles: (0) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many Civil engineer, the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephrilis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. State cause for which surgical operation was underapproved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronieaffection need not be etc. valvular heart disease; The contributory Sarcoma,, etc., of

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V. S. No.

N. B.

PLACE OF DEATH	13579 STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
	Registration Dist. No. 4
Village or City Dundalk (No. 1931 New	a nospital or institut
2 FULL NAME Johanna Mathild	d Ailson tion, give its NAME II stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal white Single, Married, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH NOV 9, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Dec 31 1817	192.2. to 192.0, 192.0
(Month) (Day) (Year)	that I last saw her alive on MOV 1920,
7 AGE	and that death occurred on the data stated above, at
74 yrs. 10 mos. 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Chronica Minorandila
(a) Trade, profession or af Jame	The state of the s
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vrs. mos ds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) 10 yrs mos ds.
10 NAME OF	(Signed) aw. Peier M. D.
FATHER Berglown	Mor 9 1930 (Address) Dymdalk, Md
U) II BIRTHPLACE ()	
Z (State or country) Sweden	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) bushanour	of deathmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Dec 2	Former or usual residence
(Informant Jurs Evelyn Booley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / 93/1) fraw Villalunge	E Caplain Centery for 11, 1030
15 Filed 1910730 Mllarente	Chas. S. Black 7 Fr. W. Porth are
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
" An Rien Con Kunshih Ra	1+ Darth Centre.





(Approved by U. S. Census and American Public Health Association.)

laborer, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. " etc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Meusles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

answered in detail, it will prevent turther correspondence. All the data of th

II this certificate is looked over thoroughly and all questions

BINDING

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and MEDICAL CERTIFICATE OF DEATH and that death occurred on the date stated above, at 10:45 P, m *State the I is use Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 0 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pheumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Juny 30 7281-183,

approved unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M. B.--

	PLACE OF DEATH County Jallamory	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vill	age or City yount Wilson (No. Mount Will Maryland Ti Maryland Ti 2FULL NAME Mrs. Mildred F. Nok	St.: Ward) (If death occurred in a hospital or institu- inferculosis Sanatorium tion, give its NAME is- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emale White 5 SINGLE. MARRIED, Married on DIVORCED (Write the word)	16 DATE OF DEATH July 25, 1930 (Month) (Day) (Year)
6 0	January 2 nd, 1908 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decembed from June 22 1920 to July 25 , 1920, that I last saw here slive on July 25 , 1920,
7 A	22 yrs. 6 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
1 (2	Trade, profession or Housewife	ruemonary suverculosio
b	o) General nature of industry usiness, or establishment in hich employed or (employer)	(Durstion) O yrs. 7 mos (2) du.
9 8	(State or country) Massachusetts	Secondary Duration A yrs mos de.
	10 NAME OF SIMER W. Sconard	(Signed) John a. Amitte Milson, M.D.
ENTS	OF FATHER (State or country) Massachusetts	Victor Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARI	OF MOTHER Mande Gahoons	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
l	OF MOTHER (State or country) Massachusetts	At place of death Oyrs I mos 3 ds. In the State I yrs 10 mos (2) ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or 714 Pont Lucas QINI Battan and
	(Informant) John L. 100000 (Address) 741 Jen Sucy ave Ball	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MA
15	Filmfuly 25 1930 X & Elichal	20 UNDERTAKER PORT 1217 M
	If more banks are needed, address State Registrat	ar, 16 W. Saratega St., Barto., Requesting V. S. No. 1.

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Spinner, should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease in Course, and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atie), telanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL perilonilis," etc. ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart Janue,
"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— (seeondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chranic Example: Mcasles (disease etc. The contributory valvular heart affection need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery. (a) Foreman, (b) Automobile foctory. The materia should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Form loborer. without more precise specification as Day If the occupation has been changed Laborer--Coal minc, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DIS-EASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosponal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (mercly symptomcausing dcath), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiby Committee on etc. The contributory Nomenclature

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N. 30

PIACE OF BEATH

STATE OF MARTLAND
CERTIFICATE OF DEATH
Registration Dist. No.
/16 J
St: Ward) (If death occurred li a hospital or institution, give its NAME it
aut stead of street and number.
700/00
MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH WHY 5 1930
(Month) (Duy) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
192 to , 192
that I last saw halive on 192
and that death occurred on the date stated above, at 82 m
The CAUSE OF DEATH * was as follows:
Still Von / tho)
(Duration)yrs,mosds
Contributory Secondary
(Duration) yrs mos.
(Signed) M. D. M. D.
July 6 492 WAddress) & Porcussant
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
iemts or Recent Residents) At place In the
of deathyrsmosds. Stateyrsmosds
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Clut to John Hopkins, 19.
20 UNDERTAKER ADDRESS
Miamical folorary
, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, laborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housenwid, etc. If the occupation has been changed worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive Foreman, or At Home, and children, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material not gainfully em-As examples: (a) (b) engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine dcfinitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory

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RECEIVED

County	COF DEATH	·			CERTIFICA	ATE OF DEATH
	1-			(14a)	Registrat	tion Dist. No. 30
Village or City	ILL NAME SE	oise (No.	regue	leside 9	St.: W	(If death occurred a hospital or institution, give its NAME is stead of street annumber.)
PERSO	NAL AND STATIS	TICAL PARTIC	ULARS	MED	ICAL CERTIFICA	TE OF DEATH
Male	4 COLOR OR RACI	MARRIED. WIDOWED. OR DIVORCE (Write the wor	Married	16 DATE OF DEAT	Jeph	(Day) (Year)
6 DATE OF BIR	(Mont	th) (Day)	(Year)	that I last saw ha	BY CERTIFY, That	tated above, at 0 32-Q
	lad we					
(b) General r	rofession or nd of work mature of industry establishment in	rchart.	eylan	Cerels	OL Hals	monshage
(a) Trade, properticular kir (b) General results business, or each which employ BIRTHPLACE (State or co.	refession or new ord of work new ord of work new ord or industry establishment in yed or (employer)	rchart.		Cerell Contributory Secondary Day	(Duration)	y Fibrelste:
(a) Trade, properticular kir (b) General results for the business, or expenses, ore	refession or me and of work me attree of industry establishment in eyed or (employer)	rchart.		Secondary (Signed At A *State the Violent Causes,	Duration) Museula M	Von Shal mo
(a) Trade, properticular kir (b) General results business, or evaluation which employs BIRTHPLACE (State or constitution of FATHER (State of L) 12 MAIDEN OF MOTION (State of MO	rofession or me and of work me at the of work me at the of work me at the or country) LACE HER or country) NAME HER SOM	retail go Retail go Muety Rusy Kusy Kusy Mueyy	eyears E	Secondary Signed *State the Violent Causes, Accidental, Suicie 18 LENGTH OF ients or Recent At place of deathyis	Discase Causing Distate (1) Means of all or Homicidal. RESIDENCE (For I Residents)	Von Schol mas
(a) Trade, properticular kir (b) General results for each of the policy	rofession or me and of work me ature of industry establishment in yed or (employer). Definition of industry establishment in	rchart.	eyears E	*State the Violent Causes, Accidental, Suicidental, Suicidental Su	Discase Causing Distate (1) Means of all or Homicidal. RESIDENCE (For I Residents)	peath, or, In deaths from (2) Whether dospitals, Institutions, Training the

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked one may form part of the second statement business, that fact may be indicated thus; Former (we or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cooking to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write Nonc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Form loborer, Loborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Salesman. (b) Groccry,

spinal meningitis"); Diphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebros dinas EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accent pneumonia, Bronchopneumonia ("Pneumonia,

> (Letajus) may be stated under the head of "contributory." approved by Committee on American Medical Association.) stated unless important. Example: Measles (disease "Debility" -("Congenital," - "Senilc," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicacmio," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping - cough; Chronic (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., scpsis, curbolic ocid-probably suicide. The n. ture of the injury, Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitiol nephritis, " "Marasmus, " "Old Age, " "Shock, affection need not etc. The contributory valvular heart discose, Nomenclature

date is essential and must be obtained before the certificate is permanently filed answered in detail, it will prevent further correspondence. II this certificate is looked over thoroughly and all questions

No. 1

20

N. B.--

PHYSI-

PLACE (OF DEATH	
County B	altimore	

07155 STATE OF MARYLAND CERTIFICATE OF DEATH

	(29) Registration Dist. No. 38
Village or City Jawson (No.	St: Ward) (if death occurred in a hospital or institu-
2 FULL NAME Katharine Le P.	tion, give its NAME is -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fe male White Single, Married Wildowed. White Write the word)	16 DATE OF DEATH June // (Month) (Day) (Year)
6 DATE OF BIRTH /March 21 , 1900	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Malive on 9 1111 , 1920
7 AGE If LESS than 1 day hrs. 2 mos. 2 o ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Chronic interstitut hefferte
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country) Ruxton, Maryland	Contributory Secondary (Dysmion) yrs. mos. ds.
10 NAME OF FATHER TARREST FISHER	(Signed) M.D.
OF FATHER Z (State or country) / 7 ary/and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / Wharing Le Moyne	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h? Former or usual residence
(Informant) 10 a. Park Ove	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filedhouse // 1980 West Gutter of	20 UNDERTAKER ADDRESS GLECCIO

If more b.anks are needed, addre. a Ltate Negistrar, 16 W Saratoga St., Balto., Lequesting V. S. ho. I.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Tlanter, tion applies to e:ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

This Parker

PLACE OF DEATH	CTATE OF MADVI AND
County Rall	STATE OF MARYLAND
County	2216 CERTIFICATE OF DEATH
the sealth of the	. Registration Dist, No.
Village or City MUM (No. 2 7/	Ward) (If death occurred in
7/ +/: 10	tion, give its NAME is
2FULL NAME / Calalline 15. 0	bonnell stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS ,	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	15 DATE OF DEATH OLL ATH 2
WIDOWED. OR DIVORCED (Write the word)	00+000 N6", 1920
6 DATE OF BIRTH	17 , i HEREBY CERTIFY, That Patterded the described separ
(h12-94), 88	y aux. 76-130 Vet. 76th 180
(Month) (Day) (Year	that I last saw h W alive on Oer 76th 1920
7 AGE [If LESS than	and that death occurred on the date stated above, at 750 pm.
//	The CAUSE OF DEATH * was as follows:
yrs mos ds. ormin.?	Fulmonary Julys culone
8 OCCUPATION (a) Trade, profession or	Luberculous Peritonotis
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) re. moe de.
9 BIRTHPLACE (State or gountry)	Contributory Chiga Can Dras Faclastic
10 NAME OF -	(Duranon) yrs mos, ds.
FATHERE Charles Molonly	(Signed) M. D.
() 11 BIRTHPLACE	(Address) Catour ville
OF FATHER (State or country)	*Stato the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
IL MAIDEN NAME	
a www.bayevy	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	that at place of death?
(Informant) MO X Commelle	Former or usual residence
officerat by	TO PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Hor hus ben 1/29. 10.30
Filed /2 Q 190 All Shall	20 UNDERTAKET ADDRESS 2000
Registrar	49 moran Elbaltin-
if more bianks are needed, addres wate Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1
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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enworked on may form part of the second statement Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Altecommendations on statement of cause of death tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (discase Whooping cough; Chronic Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condietc. The contributory valvular heart disease;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In Ward) a hospital or institu-tion, give Its NAME II stead of street and Edward O.Connor number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, Single 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. Male White OR DIVORCED (Write the word) (Month)(Day).... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH November 9II 3rd (Month) that I last saw h ____alive on _____, 192. (Day) (Year) 7 AGE IlfLESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 10 mos. 25 _ds. |or ___min.? OCCUPATION (a) Trade, profession or Paper Hanger particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Baltimore, Md. 10 NAME OF FATHER Martin O.Connor 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Balto, Md. (State or country) 12 MAIDEN NAME Carrie Walden 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrs......mos... Balto, Md. (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?.. Former or (Informant) Carrie O, Connor Mother usual residence. (Address) 1015 S. Highland Ave

If mora blanks ara needed, addre.s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

DATE OF BURIAL





(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeanure, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercarbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Example: Measles (disease

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PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Color (Note 1) 2FULL NAME A COLOR OR RACE SHOULD		Registration Dist. No. 3-3
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE WIDDWED WIDWED WIDWWED Village or City lear Verter Norm	Oti Ward) a hospital or institu-	
SEX A COLOR OR RACE MARRIED MAR	2FULL NAME JOHN Charles	stead of street and
MIDOWEDGED (Month) (Write the world) 5 DATE OF BIRTH CMORTH) (Day) (Year) 7 AGE I HEREBY CERTIFY, That I attended the deceased from the day has a five on the date stated above, at 1925. I HEREBY CERTIFY, That I attended the deceased from the day has a five on the date stated above, at 1925. I HEREBY CERTIFY, That I attended the deceased from the day has a five on the date stated above, at 1925. I HEREBY CERTIFY, That I attended the deceased from the day has a five on the date stated above, at 1925. I HEREBY CERTIFY, That I attended the deceased from the day has a five on the date stated above, at 1925. I HEREBY CERTIFY, That I attended the deceased from the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a five on the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a five on the date stated above, at 1925. I HEREBY CERTIFY, That I attended the deceased from the day has a five on the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a five on the day has a five on the day has a five on the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a follows: I HEREBY CERTIFY, That I attended the deceased from the day has a five on the day has a follows: I HEREBY CERTIFY. That I attended the deceased from the day has a five on the day has a five on the day has a follows: I HEREBY CERTIFY. The I attended the deceased from the day has a five on the day has a follows: I HEREBY CERTIFY. That I have not the day has a follows: I HEREBY CERTIFY. That I have not the day has	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as foll	Jan 184, 1850	150 7 2 1080 200 27 7 . 1080.
SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Distributory Secondary 10 NAME OF FATHER Reference of industry 11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER (Informant) (Informant) (Address) DISTRIPLACE (Informant) DISTRIPLACE (Informan	li adaba tilali	The state of the s
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If more brenks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate i loo do over thoroughly and a'l questions answered in detail t will prevent tuther correspondence. All the data is essential an must be obtained before the certificate in permanently died.

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	1PLACE OF DEATH	02661 STATE OF MARYLAND CERTIFICATE OF DEATH
	County James	
	Village or Cit Shorfeld (No. Lenge	Registration Dist. No. 42 St.: Ward) Ollers State of institution, give its NAME is stead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mcl /2 192 3 (Month) (Day) (Year)
	6 DATE OF BIRTH Mel 12 1930	17 I HEREBY CERTIFY, That I attended the deceased from 192 to
	(Month) (Day) (Year)	that I last saw halive on, 192,
	7 AGE If LESS than I day hrs. yrs. mos. ds. o min.?	and that death occurred on the date stated above, at
	B OCCUPATION (a) Trade, profession or particular kind of work	3ho4 moral to
l	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
	9 BIRTHPLACE (State or country) Balber and	Contributory Secondary (Duystion) yrs mos ds.
	10 NAME OF Milliam Odenson	(Signed) M. D. M. D. Marley M. D. Marley M. D.
	OF FATHER (State or country) 12 MAIDEN NAME (State of Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Curve & acold	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Ballo Vul	At place of deathyrs
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant Cline & Odenson	usual residence
	(Address) Blowfield Ing	Lestinget by 19
	15 Filed Mcl 13 1930 Ger Smkelf	20 UNDERTAKER Parente
	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many duties of the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; tetanus) may be stated under the head of "contributory." Examples: Aecidental drowning; Struck by railway train State cause for which surgical operation was under-(Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the for malignant neoplasms); Measles; Chronic valvular heart disease; nephritis, etc. The contributory

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EX	
om of information should be carefully supplied. ACE should be stated EXACTLY, PHY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Ex nt of OCCUPATION is very important. See instructions on back of certificate.	y
state prop	3
s on back	3 6
d. ACE so that truction	7
carefully supplie	8 19
fully ant.	Men.
care TH II	9
F DEA	-
IN SHO	UFZ
CAL	STATER
state CCUP	a
of of o	14
Hotel Hotel	

SI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give Its NAME I. stead of street and number.) PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH 5 SINGLE SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED (Write the word) ...(Day) ... (Month) DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from (Month) (Day) AGE Ilf LESS than and that death ecourred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF (Signed) 198 Q. (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death, In the OF MOTHER State. Where was disease contracted, if not at place of dea.h? Former or usual residence Every ite CIANS s DATE OF BURIAL If more blank's are needed, address State Registrar, 16 W. Saratogn St., Balto., Requesting V. S. No. 1.

(Approved hy U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. New return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Cool minc, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scroont, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, especially in industrial employments, it is neces-For many occupations a single word or term on

Strtement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fower (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopheumonia ("Pneumonia,")

telonus) may he stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of approved hy Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of tho injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary). Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart discase;

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1PLACE OF DEATH		61411	STATE OF MARYLAND
County Baltimore	4		CERTIFICATE OF DEATH
	1 10	89)	Registration Dist. No. 3
Village or City Towson (No. 2 2FULL NAME Jame	Pennsy a P. Offu	,	St.: Ward) (if death occu a hospital or tion, give its NA stead of stree number.)
PERSONAL AND STATISTICAL PART	ICULARS	MED	CAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVOR (Write the	Single	16 DATE OF DEAT	H 796 (Month) (Day) (Y
February 12, 18 (Month) (Day	(Year)	Jan-12	BY CERTIFY, That I attended the decease
7 AGE 53 yrs. 11 mos. 29	If LESS than I day hrs. or min.?		ATH was as follows:
9 BIRTHPLACE (State or country) Granite, Md. 10 NAME OF FATHER Dr. Thomas Z. O: 11 BIRTHPLACE OF FATHER (State or country) Montgomery Co		*State the	Distriction State
Z (State or country) MONLEGOMERY CO	0 0 7/7/05 0	1 Minions Englishe	(1)
of Mother Maria E. A. Off		Accidental, Suicid 18 LENGTH OF I	state (1) Means of Injury and (2) Whe al or Homicidal. RESIDENCE (For Hospitals, Institutions, Residents)
of Mother Maria E. A. Off 13 BIRTHPLACE OF MOTHER (State or country) Granite, Md.	utt	Accidental, Suicid 18 LENGTH OF I ients or Recent At place of death yrs	state (1) Means of Injury and (2) Whe all or Homicidal. EESIDENCE (For liospitals, Institutions, Residents) In the State yrs
of Mother Maria F. A. Off 13 BIRTHPLACE OF MOTHER	utt DWLEDGE	Accidental, Suicid 18 LENGTH OF International Suicid At place of deathyrs Where was disease or if not at place of d Former or usual residence	state (1) Means of Injury and (2) Whe all or Homicidal. ESIDENCE (For liospitals, Institutions, Residents) In the State yrs

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs . state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in dome-tic service for wages, as Serront, Cook ployed as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a cn at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, r," etc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on 6 Grocery,

Strtement of Cause of Death—Name, first, the Disease of Utime and Causation), using always the same accepted ferm for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic Crebrospical spinal meningitis"; Dishilheria avoid use of "Cropp"); Typhoid fener (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peruonaeum, etc., Carcinoma, Sarcoma, ctc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) etc. The contributory valvular heart affection need not be Nomenclature of the Measles; disease;

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PHYSI-

PLACE OF DEATH	08992 STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City SSEX (No.	St.: Ward) (If death occurred in a hospital or institu-
FULL NAME Bernard C. O.	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Uhite Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH August 10th, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Dsy) (Year)	that I last saw halive on, 192
7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work resser	Accidental drawning
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Baltimore Md	Contributory Secondary (Duration) yrs, mos de.
10 NAME OF FATHER JOHN Oyle	(Signed) Jacob Hallman Coroner M. D.
(State or country) Ballimore Md	*State the lisease Csusing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elisabeth Strohecker	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Bullion ore Mod	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) John Oale	Former or usual residence
(Address) 609 M. Caste St.	19 PLACE OF BURIAL OB DEMOVAL DATE OF BURIAL
Filed ang 13 1980 Am 9. Connelly	20 UNDERTAKER OOK 1217 Flault
If more hanks are needed address that hisgistras	16 W. Saratoga St., Balto., Requesting V. S. 16.1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, Civil engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reof given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e g. Farmer or Planler, For many occupations a single word or term cn (b) Collon mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic valvular heart etc. The contributory Always qualify all

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in .. Ward) a hospital or institution, give its NAME in--tead of street Mumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH OR RACE | 5 SINGLE. 3 SEX WIDOWED OR DIVORCED PERM (Write the word) I HEREBY CERTIFY, That I attended the deceased from BINDING 6 DATE OF BIRTH bes. d. 19230, to October ms so that Instructions can alive on .. / ACI (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. 6 O vrs mos ds. or min. ? OCCUPATION (a) Trade, profession or particular kind of work ... (b) General nature of industry Ш business, or establishment in (Duration)yrs..........mos...... S which employed or (employer) Contributory ((State or country) 10 NAME OF (Signed) FATHER 2 .7925 4. (Address) 1.0 F ... II BIRTHPLACE H *State the Disease Causing Death, or, in deaths from TION OF FATHER Violent Causes, state (1) Means of Injury: and (2) whether (State or country) Li Accidental, Suicidal or Homicidal, 2 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 S D d state ients, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death ... yrs. (State or country) should Where was disease contracted of if not at place of death?..... (Address) if more blanks are needed, address State Registrar. 16 W. Saratoga St., Baito., Requesting N. S No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Honsewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-("pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, cupation is very important, so that the relative healthfired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At echool or At Rome. (are should be taken household only (not paid Housekeepers who receive a laborer, Form laborer, Laborer-(a) Foremun, (b) Automobile factory. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. Housemuid, etc. If the occupation has been changed Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Rome, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-The material The ques-

Whatever, write None.

Reaction with None.

Reaction with respect to time and causation), using always the same accept to time and causation), using always the same accept of term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic caretino spinal meningitis"): Diphtharia (avoid use of "Croup") in Typhoid fover (never report "Typhoid pneumonia."

conditions, such as "Astheuia." "Anaemia" ary), 10 ds. Never report mere symptems or terminal ment head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage." "Juanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," eausing death), 29 da.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lunge, monture of the injury, as fracture of skull, and conse Poisoned by curbolle acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as ACODENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Uraemia," "Weakness." etc., when a definite disease vulsions." "Debility" ("Congenital," "Senile," etc.) Chronic interstitial nephritis, etc. Nomendature of the American Medical Association.) Examples: Accidental drowning; Struck by railway taken. For VIOLENT DEATHS State MIKANS OF INJURI "PUERPERAL septicaemia.""PUERPERAL peritonitis," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of cause of death approved by Committee on Carcinoma, Sarcoma, etc., of Example: Measles Always quality all The contributory Measics; (second (merely (disease "Con-

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tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate a permanently filed. if this certificate is looked over thoroughly and all ques-

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	PLACE OF DEATH County Bollo . Co.	STATE OF MARYLAND CERTIFICATE OF DEATH
	17	Registration Dist. No. 3-3
	Village or City Reidenstown Md. Mt. Pl 2FULL NAME Harry Oppe	Rapant San St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Widowed. White OR DIVORCED (Write the word)	16 DATE OF DEATH June 18 , 1950
-	6 DATE OF BIRTH Dec. 1908 (Month) (Day) (Year)	that I last saw h in alive on June 18, 19236
	7 AGE 2 yrs. 6 mos. 18 ds. lfLESS than day hrs. or min.?	and that death occurred on the date stated above, at 630 Pm. The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work Pocket Book maker (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs. 4_mos. 30. ds.
	9 BIRTHPLACE (State or country) Russia	Contributory Secondary (Durstion)
	10 NAME OF FATHER & USEPH Oppel	(Signed) albert J. Shrew M. D.
	II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	OF MOTHER Rachel Reman 13 BIRTHPLACE OF MOTHER OF MOTHER	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of death
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant)	Former or usual residence 137 N Lugarne are.
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS.
	Filed 1923 18702 Registrar	Jack heurs, 1439 Ebalto-

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(Approved by U. S. Census and American Public Health Association.)

laborer, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	13581 STATE OF MARYLAND
	County Baltimore	CERTIFICATE OF DEATH
Vi	llage or City Sparrows Point. (No	Registration Dist. No. St.: Ward) (If death occurred a hospital or institution, give its NAME is
1	2FULL NAME Nicholas Ordie	stead of street ar number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4 COLOR OR RACE MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH 20. 26, 1980 (Month) (Day) (Year)
6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
	October, 5th 1895	, 192, 192, 192
	(Month) (Day) (Year)	that I last saw h alive on Investigat
	If LESS that I day hrs or min.	The CAUSE OF DEATH * was as follows:
100 A	b) General nature of industry business, or establishment in Bethlehm Steel Co- which employed or (employer)	(Duration)yrsmos
2 1	(State or country) Romania	Secondary (Duration) Tree down down down down down down down down
	10 NAME OF FATHER Abrahm Ordie	(Signed) (Signed) (Signed) (Signed) (Signed)
ENTS	OF FATHER (State or country) Romania	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	of Mother Irafera Ordie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
	13 BIRTHPLACE OF MOTHER (State or Country) ROMANIA	ients or Recent Residents) At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Julia Ordie	if not at place of death?
	(Address) 225,E,St Sparrows Point,Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. 29, 195.
15	Filed Nov. 28 -192 30 ls/ Molomical mo	John G. Cornelly Essex
	If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

13581

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Flanter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on (6) Grocery,

Strtement of Cause of Death—Name, first, the DISEACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	13582 STATE OF MARYLAND
County Faltunore	CERTIFICATE OF DEATH
> .V.0 > .71.0	Registration Dist. No. 34
Village or City Mount Milson (No. 1) Thou	Franch Med. Ward) (If death occurred in a hospital or institu-
Jul O Habert	tion, give its NAME II-
2FULL NAME / W.C. Callerine Ort	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Hute Strike, Married OR DIVORCED, Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH NOTEWBEY /3 , 1930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decemed from
november 25 1902	July 1928 to hor 3 ,1930.
(Month) (Day) (Year)	that I last saw her alive on November / a 1990,
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at /m. The CAUSE OF DEATH * was as follows: ,
27 yra. mos. 9 1 dayhrs. min.?	The Case of Bearing was as follows:
(a) Trade, profession or France Murse	Tulmonary Suberculosis.
(b) General nature of industry /> 1	
business, or establishment in which employed or (employer)	(Dyfation) yrs mesds.
9 BIRTHPLACE 19 14.	Contributory Secondary
(State or country) Falturore, Maryland	Duration yes mos de,
FATHER Travel Sun take	(Signed) John a. Juilly M. D.
() 11 BIRTHPLACE	Not, 12 190 (Address) Mount Mison, Mis
Z (State or country) (LUSTIA	*State the Liscase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidents! Suicidal or Homicidal.
12 MAIDEN NAME Cuna Del	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 1 4 0 In the 07 11 19
(State or country) Custria	of death yrs mos ds. State yrs II mos, ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or 7/0 M My deixy & Salts Md.
(Informant Mrs. Mary Cerman	usual residence// // / / war see at V. / accept
(Address) 3537 Third St. Balto. Med.	11) road lacen locustere 1-00 14 1930
15 Filed 10012 1970 W 66 Michael	Chas. G. Black 142W. North Rug
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Form loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Stotionary firemon, etc. But in many Locomotive engineer,

st inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cetebrospinal whatever write None.

Statement of Cause of Death—Name, first the DISEAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same account. Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

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(Recommendations on statement of ause of approved by Committee on Nomen lature as fracture of skull, and conseque (e.g., scpeis, lelanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condiinterstitial nephritis, Chronic Carcinoma, Nogen Nogen Example: Measles (disease etc. valvular heart disease; The contributory Sorcoma, etc., of death

N. B.-Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should existe CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

S No. 1

PLACE OF BEATH	05302 STATE OF MARYLAND CERTIFICATE OF DEATH
County Co	Registration Dist. No.
Village or City Color MSrelle (No. Seine 2 Pull NAME Charles OS	Ward) (If d-ath occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED Corporated (Write the word)	16 DATE OF DEATH 7164 243, 19930 (Month) (Day) (Year)
6 DATE OF BIRTH Sept. 7, 1850 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19236 to May 24 , 19230 that I last saw h malive on May 23 , 19230
7 AGE If LESS than day hrs. day hrs. day or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry	Chrones Walvula Heart disea
business, or establishment in which employed or (employer)	(Durstion) 2 yrs. mos de.
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs
FATHER SIM OS brury	(Signed) Marshall B Corrello M. D. M
State or country)	*State the I is ase Causing Death, or, in deaths from Violeyt Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah linh	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Ohio	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Address) MS Tanens to Mid	Well (X ford of 1/ay 2/2, 10
Filed 5/24 1930 Alchedrese	Meliam Coff 1217 Stan
If more b.anks are needed, bidle.s - tice kegistre	ar, 16 W. Saratoga St., Bulto., Lequesting V. S. 1.o. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness (f various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

American Medical Association.) approved by Committee on tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	04017 STATE OF MARYLAND
	Courty Pallutte	CERTIFICATE OF DEATH
1	0000	(90) Registration Dist. No. 31)
	2FULL NAME (No. 2FULL NAME (ULLU)	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MARRIED WHITE WHITE WORDS	16 DATE OF DEATH (North) (Day) (Year)
	6 DATE OF BIRTH Lev. 2 , 1850 (Month) (Day) (Year)	that I last saw h alive on 1920
	7 AGE 2 mos. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at // 30 / m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work	Chimo (nduaretti
0	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion Tyrs. mos. ds.
2	9 BIRTHPLACE (State or country) Clumany	Contributory Secondary Duration) yrs
1	10 NAME OF FATHER ULLEUOWY	(Signed) M, D.
	State or contract Cucron	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER LECTION 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	(State or Construction Construc	of death yrs mos ds, State yrs mos ds, Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Address) Ell and the wed	19 MAGE OF BURIAL OR REMOVAL PASE OF BURIAL 32. 23. 19 34
	Filed 4-22 1930 A Cledatic	Caston Sons Ellies Ch
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V/S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The tircd 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many material Grocery;

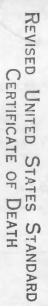
Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be valvular heart disease; etc. The contributory etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Village or City Fairlain (No. 6745 V	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH Sept. 8 , 192 3 (Month) (Day) (Year)
6 DATE OF BIRTH SLEPT. 8 (Day), 1930 (Year)	17 I HEREBY CERTIFY That I attended the deceased from 192
7 AGE If LESS than I day hrs. ds. or min.? A OCCUPATION day Trade, profession or	
particular kind of work (b) General nature of industry businesa, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FETHER alter Otlowski 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Cauling Worki	Contributory Secondary (Signed) (Signed) (Signed) (Signed) *State the Piscase Causing Seath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Fairl aun (Address)	At place of death
If more b.anks are needed, addre.s Ltate Negistras	Musternical Jalana Ty, 16 W. Suratoga St., Balto., Requesting V. S. No. I.



(Approved by U. S. Census and American Fublic Health Association.)

definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATIL gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur preumonia, Bronchopneumonia ("Pneumonia,")

"E.haustion," "Heart lauure, lacure, "Shock," "Shock," "Old Age, " "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature cough; Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is perhanently filed.

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PLACE OF DEATH	04018 STATE OF MARYLAND
County Hallmin	CERTIFICATE OF DEATH
01000000	Registration Dist. No. 30
Village or City atmente Hold. Spren	G From Dlate: Street a hospital or institu- tion, give its NAME is -
2FULL NAME & du C	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Control (Month) (Day) (Year)
6 DATE OF BIRTH ONLOW 12 185-5	17 I HEREBY CERTIFY, That I attended the deceased from Markly 8 1920. to 900 2 19270
(Month) (Day) (Year)	that I last saw hum alive on upsel x, 1923,
7 AGE If LESS than	and that death occurred on the date stated above, at
74 yrs. 5 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Brille Waker	Cher Interstitus Peptirite
(b) General nature of industry	/
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary Duration) 5 yrs mos de.
10 NAME OF Charles alt	(Signed) The J trulled M. D.
OF FATHER Z (State or country)	*State the I is ase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Mustaret Veitaut	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) letter of Celf	Former or usual residence 234 S. 18 man M
(Address) 2 6 4 S. Bouldus	DATE OF BURIAL OR REMOVAL DATE OF BURIAL 7, 19 30
Filed 4/5 1930 Holly Registra	20 UNDERTAKER ADDRESS / HITCO
If more banks are needed, andre state Kegistrar	, 16 W. Saratoga St., Balto., kequesting V. S. I.o. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed greed in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Physician, Compositor, Architect, the airst line will be sufficient, e.g., Farmer or Planter, or For many occupations a single word or term on yrs). For persons who have no occupation At Home, and children, not gainfully em-Stationary fireman, etc. But in many Locomotive engineer, The ques-

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.); "Drcpsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report more symptoms or terminal condide can Nome
ociation.)
locked over thorought an locked over thorought an locked over thorough an locked over thorough the policy of the locked over the locked by Committee Con cough; Chronic etc. valvular heart Nomenclature The contributory disease;

permanently file data is essential answered in detail, If this certificate and a l qu stions the certificate is

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BINDING

FOR

9	/-	OF DEATH			01413	CERTIFICAT	MARYLAND E OF DEATH Dist. No.
yill		Catonsvill L NAME MARY			shot Road VERBECK	St.: Ward	d) (If death occurred is a hespital or institution, give its NAME in stead of street annumber.)
	PERSON	IAL AND STATIST	ICAL PARTICU	LARS	MEDIO	CAL CERTIFICATE	OF DEATH
3 5	Female	White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Widowed	16 DATE OF DEATH	February (Month)	5 , 1930 —(Day) (Year)
6 D	ATE OF BIR	тн					ttended the deceased from
		Dec (Month		, 1855 (Year)			, 192
7 A	GE	74 yrs. 1	mos. 17 ds.	If LESS than I day hrs. or min.?		TH * was as follows:	d above, at 15 at 5 m
(p			At Home		- mum	rue a roman o	
b	usiness, or es	ature of industry stablishment in ed or (employer) untry) Baltim				(Duration)	7
b	usiness, or ex which employed	etablishment in ed or (employer) untry) Baltim	ore Md.		Contributory Secondary	(Duration)	7
9 E	usiness, or esphich employed (State or cot father at the state of the	etablishment in ed or (employer)	ore Md.		Contributory Secondary (Signed) 193 *St.i.te the Violent Caus s.	(Duration) Juration) Juration	yes
ARENTS	usiness, or esphich employed (State or cot father at the state of the	stablishment in ed or (employer) untry) Baltim George W ACE ER r country) NAME	ore Md.		Contributory Secondary (Signed) 193 *Stte the Violent Caus.s, Accidental, Suicida	(Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)	h, or, in deaths from Injury and (2) whether
RENTS &	usiness, or exphich employed (State or cot of FATHER of FATHER of MOTHER of	stablishment in ed or (employer) Intry) Baltim F George W ACE ER Ger r country) Ger NAME HER Cathe	ore Md. Becker many		Contributory Secondary (Signed) 193 *State the Volent Caus s, Accidental, Suicida 18 LENGTH OF R ients or Recent F At place of death yra	(Duration) (Durat	yrs
PARENTS	usiness, or exhich employed in the property of	stablishment in ed or (employer) Intry) Baltim George W ACE ER Ger country) Ger NAME HER Cathe	ore Md. Becker many rine Gorr imore stof MY KNOWL Ernest (N	EDGE	Contributory Secondary (Signed) 193 *State the Violent Causes, Accidental, Suicida 18 LENGTH OF R ients or Recent F At place of death 1978 Where was disease conifinot at place of de	(Duration) (Duration) (Address) (Address) (Discase Causing Death atate (1) Means of 1 or Homicidal. (ESIDENCE (For Hospital atates) (In the state of the st	yrs

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REVISED UNITED STATES STANDARD CERFIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Grocery;

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Brills - Willis

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ef tetanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not he Chronic interstitial nephritis, use of "Tunior" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Nomenclature of the Always qualify all

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(Approved by U. S. Census and American Public Health Association.)

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inges, perilonaeum, etc., Careinoma, "PUERPERAL septicuemia," "TUERTERAL peritonitis, "Exhaustion," "Heart Taume, "Old Age," "Shock, "Transition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for mailgnant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite difease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of contributory " aceident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be assertained as the cause. Whooping carbolic acid-probably suicide. The n-ture of theinjury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (name origin): "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephrilis, eough; Chronic etc. valvalar kearl Always qualify all The contributory Sarcoma,, etc., of disease;

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V. S. No. 1

N. B.

PLACE OF DEATH County Setto	02663 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Delight (No	Registration Dist, No. 33 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE WINDOWED. W. dow OR DIVORCED (Write the word) (Morth) (Morth) (Day) (Year)	16 DATE OF DEATH MCh 3-, 1950 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 7th 25 1930. to MCh 3 29 , 1925 that I last saw h calive on Mch 3 , 1930,
7 AGE Syrs. 5 mos. 19 ds. or min.?	and that death occurred on the date stated above, at y m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
Della (State or country) 10 NAME OF FATHER (Mareur - J. Brushey 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary Secondary Signed) (Signed) Which Y 1923 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place of death yrs mos ds.
(State or Country) Little Moevers 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sady? Eving? (Address) Wallistours	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAVER REMOVAL 20 UNDERTAVER REMOVAL ADDRESS
Filed Clarch 3, 1980 H. Tet - Slade Registrar If more branks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
and the same of th	

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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MARGIN RESERVED FOR BINDING	FADING I	be careful EATH in pl	
MAR	WRITE ANLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD	N. B.—Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be projectly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	1.0
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	WRI	N. BEvery Its CIANS a statemen	N. Carlo

V. S. No. 1

	PLACE OF DEATH County Baltimore	12218 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Ourney wills (No	St.: Ward) St.: Ward) St.: steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Venuale White (Write the word)	16 DATE OF DEATH October 6, 1930 (Month) (Day) (Year)
the second section is a second section of the second section of the second section is a second section of the second section is a second section of the second section of the second section is a second section of the sectio	6 DATE OF BIRTH (Month) (Day) (Yesr) 7 AGE (If LESS than	17 I HEREBY CERTIFY, That I attended the deceased from august 4 1980 to Oct 6 , 1980, that I last saw her alive on Oct 6 , 1980,
	3 yrs. 6 mos. 27 ds. or min.	and that death occurred on the date stated above, at 6:40 F. m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry Rosework State Training business, or establishment in School or owners mill which employed or (employer) 9 BIRTHPLACE (State or country) Baltimore, and.	(Duration) Chylanomora de. Contributory Secondary (Duration) Tree Tree de. (Signed) Lerge C. Medairy M. D.
	OF FATHER (State or country) Poland. 12 MAIDEN NAME OF MOTHER Catherine Wychodnik	*State the listase Causing Death, or, in deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Colonia	Itents or Recent Residents) At place of death yrs. 4 mos. 16 ds. In the State 3 yrs. 6 mos 27 ds. Where was disease contracted.
	(Informant) Protectional Records (Address) School; Owings mills And (Filed Oct 6 19230 Af Mills (1923)	if not at place of doa.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS
100	Registrat If more banks are needed, address thate Registrar	1, 16 W. Saratoga St., Halto., Lyquesting V. S. 161.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Piysician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as For persons who have no occupation Stationary fireman, etc. person, irrespective of Locomotive engineer, But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

inges, perilanaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Ethaustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The n-ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is booked ever thoroughly and a'l qu stions answered in detail, it will prevent faithful christian cone. All the data is essential and must be obtained before the certificate is permanently filed. OCT 11 1930

RECEIVED

B.-Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Y, WITH UNFADING INK---THIS IS A PERMANENT RECORD Z

MARGIN RESERVED FOR BINDING

1. %. No. 1

- []		00101
	PLACE OF DEATH	STATE OF MARYLAND
	County Patto	CERTIFICATE OF DEATH
		Registration Dist. No. 30
V	Fillage or City aloxsville (No/85 //	VI ARM IM
X	2FULL NAME ACOV	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
=	The state of the s	number.)
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Wale Stored Single, Married, Widoweb, OR DIVORCED	16 DATE OF DEATH July 22, 1930
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	0/2	7-16/192010 7-27 1933
	(Month) (Day) (Year	that I last saw homealive on
7	AGE If LESS than	and that death occurse on the date stated above, at
	I dayhrs.	The CAUSE OF DEATH * was as follows:
1	OCCUPATION ds. ormin.?	Terrismal Bronelis -
11.00	(a) Trade, profession or	Mullione
	particular kind of work Alla Auer (b) General nature of industry	Mecatin cold
when I	business, or establishment in	(Duration) yrs mos // da
-	BIRTHPLACE	Contributoryde.
	(State or country)	Secondary
	1 10 NAME OF	(Duration) wa mos da.
	FATHER Jacob age	(Signed) M. D.
S	11 BIRTHPLACE OF FATHER	1925 (Address) Coon alugha
ENTS	(State or/country)	"State the Discase Causing Death, or, in deaths from Vlolent Caus s, starts (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
AR	12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans-
D.	13 DIRTHPLACE	ients or Recent Residents)
	OF MOTHER (State or country)	At place of death. yrs
14	THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Cata Tage	Former or
	(Address) 85 Moutters and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	9/ _ 878/	20 UNDERTAKER A A APORTESS
1	Filed 1920 Registra	Sull Hundler Hallonel
-	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No.
-		

(Approved by U. S. Census and American Public Health Association.)

fillness of various pursuits can be known. er," etc., without more process. Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Collon mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Curil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Screant, Cook, nature of the business or industry, and therefore an definite salary), may be entered as Housewife, House-No. or return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only to the paid Housekeepers who receive a tion is very important, so that the relative health report specifically the occupations of persons to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Compositor, For persons Architect, who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causition), using always the same accepted term for the same disease. E amples: Cerebro-primal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" inges, perilonaeum, etc., diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "TUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (seconcary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all Whooping approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory", eurbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJUNY cough; Committee on Nomenclature for inalignant neoplasms); Chronic Carcinoma, etc. The contributory rabular heart disease; Sarcoma,, etc., of Mcasles;

If this certificate is I oked over thoroughly and all quefions answered in derail, it will prevent further correspondence. The ditains essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Village or City ... Ward) If death occurred in EXAC Soles a hospital or instituion, give its NAME instead of street and humber.) PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE 16 DATE OF DEATH 4 COLOR OR RACEIS SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word) BINDING I HEREBY CERTIFY, That I attended the deceased from DATE OF BIRTH that I last saw h alive on (Month) (Day) (Year) and that death occurred on the date stated above. 0 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. yrs.....ds. or min. ? teri (a) Trade, profession or particular kind of work...... plai (b) General nature of industry business, or establishment in (Duration)yrs......mos......de. which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) IAIyrs. A . mos...... 0 10 NAME OF FATHER 9 0 Assa 77 .. 193 (Address) ul Z 11 BIRTHPLACE ARENT AUSE OF FATHER *State the Disease Causing Death, or it deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country state OA 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0. ients, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In the 0 of death yrs. mos.da. (State or country) State, yrs. mos. de. pinous of Where was disease contracted. if not at place of death?..... Former or usual residence... IANS ateme 19 PLACE OF BURIAL OR REMOVAL PLATE OF BURIAL 110 6 if more blanks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. ('ensus and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the gaged in domestic service for wages, as Scruent, Cook, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Labover," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, fulness of various parsuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISHAGE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planton, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). Civil engineer, Stationary fremen, etc. But in many Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on or it without more precise specification as Home, and children, not gainfully em-For persons who have no occupation As examples: (a), The ques-Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and education), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"); Lobar preumonia, Branchopneumonia ("Pneumonia");

ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" head of "contributory." Poisoned by carbotic acid—probably suicide. The nature of the injury, as fracture of skull, and conse and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerrebal scpticacmia". "Puerrebal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustical," "Heart failure," "Haemor vulsions." symptomatic), "Atrophy," "Collapse," causing stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of hungs, men-Nomenclature of the Appr ment of cause of death and train—accident; Revolver wound of head—homicide; Examples: as probably such, if impossible to determine definitely taken. For vicient Deaths state MMANS OF INJURY "Uraemia," "Weakness," etc., when a definite discase (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cause for which surgical operation was under-(e. g., sepsis, tetanus) may be stated under the death), 29 de.; Bronchopneumonia (second-"Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway cough; Chronic valvulur heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Meastes Always qualify all The contributory Association.) "Coma, Committee Measles; (merely "Conetc.

If this certificate is to be when thoroughly and all questions answered is the tartification will be entired further correspondence. All the first is soutial to must be obtained before the certifications is running alled.

CEDOULICATI	OF DEATH
CERTIFICATI	.((0, 6)
1-PLACE OF DEATH	REGISTERED NO. 4
City of BALTIMORE: No. Well Col	St., Ward) (If death occurred in a hospital or institution, give its NAME
2-FULL NAME Mr. Herman	instead of street and number.)
(a) RESIDENCE NO. Affill World	St. Ward
(Usual place of abode) Length of residence in city or town where death occurred 35rs. mos.	(If non-resident give city or town and State) ds. How long in U. S. If of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 Color or Race 5 Single, Married, Widowed, or	16 DATE OF DEATH (month, day, and year) 19
Divorced, (write the word)	5-17-30
Male Married	I HEREBY CERTIFY. That I attended deceased from
5a If married, widowed, or divorced HUSBAND of	4-30-30 5-17-30,
(or) WIFE of amile Paletar	that I jast saw half slive on 7-17-30 19
6 DATE OF BIRTH (month, day, and year)	and that death occurred, on the date stated above, at 6 32 9 m.
7 AGE Years Months Days IF LESS than	The CAUSE OF DEATH* was as fellows:
1 dayhrs.	Muorarde Muorardeter
66 2 ormin.	
8 OCCUPATION OF DECEASED	
(a) Trade, profession or Jabon particular kind of work	(duration) yrs 6 mos ds
(b) General nature of industry, business, or establishment in	CONTRIBUTORY Scloridary Cureing
which employed (or employer)	(Secondary)
(c) Name of employer	(duration)yrsmosds.
9 BIRTHPLACE (city or town)	18 Where was disease contracted
(State or country)	if not at place of death?
10 NAME OF FATHER Offert Caleton	Did an operation precede death? Date of
11 BIRTHPLACE OF FATHER (City or town)	Was there an autopsy?
(State or country) Jermany	What test confirmed diagnosis?
12 MAIDEN NAME OF MOTHER Unbown	(Signed) M. D. 5-17, 18 W. ddress) 72/48 Tuzelli A
13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
Informant Onice Paletast	19 PLACE OF BURIAL, CREMATION OR Date of Burian
	Hal Redemen man shis
15 Filed may 18, 1930 Jun 2. Comelly	20 UNDERTAKER ADDRAS
Registrac	M. W. G. Duppel Inc 37 Lam.

(Approved by U. S. Census and American Public Health Asso.)

only (not paid Housekeepers who receive a definite "Laborer," "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) or industry, and therefore an additional line is proor term on the first line will be sufficient, e. g., spective of age. question applies to each and every person, occupation is very important, so that the relative or given up on account of the DISEASE CAUSING DEATH, or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, Automobile factory. when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in indus-Farmer or Planter, Physician, Compositor, Archioccupation whatever, write None. Farmer (retired, 6 yrs.). from business, that fact may be indicated thus: state occupation at beginning of illness. If retired Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged At school or At home. Care should be taken to home who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer, tect, Locomotive engineer, Civil engineer, Stationary healthfulness of various pursuits can be known. Statement of Occupation.-Precise statement of domestic service for wages, as Servant, Cook, For many occupations a single word The material worked on may For persons who have no

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (neumonia; port "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcomu, etc., of consense of consense of consense origin; "Cancer" is less definite; avoid use of

BUREAU

childbirth or miscarriage, as "Puerperal septicemia," failure," "Hemorrhage," "Inanition," "Marasmus," clature of the American Medical Association). of cause of death approved by Committee on Nomenof "Contributory." (Recommendations on statement the injury, as fracture of skull, and consequences by carbolic acid-probably suicide. The nature of cident; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acsuch, if possible to determine definitely. CIDENTAL, SUICIDAL, or HOMICIDAL, or as probably DEATHS state MEANS OF INJURY and qualify as ACsurgical operation was undertaken. "PUERPERAL peritonitis," when a definite disease can be ascertained as the "Old age," "Shock," "Uraemia," "Weakness," etc. "Senile," minal conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory (e. g., sepsis, tetanus) may be stated under the head Whooping cough; Chronic valvular heart disease; (merely (secondary or intercurrent) affection need not be Always qualify all diseases resulting from "Convulsions," "Debility" symptomatic). etc.), for Never report mere symptoms or termalignant "Dropsy," "Exhaustion," Example: Measles (disease etc. State cause for which "Atrophy," "Collapse," neoplasms); Measles; ("Congenital," For VIOLENT Examples: "Anemia"

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

V. S. No. 1

)	EX Ioa
	N. BEvery item of information should be carefully supplied. ACE should be stated EX. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly of statement of OCCUPATION is very important. See instructions on back of certifical
-	pro of
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PLACE OF DEATH	STATE OF MARYLAND
County Palto.	CERTIFICATE OF DEATH
Limch's.	Registration Dist. No. 44
	Gaut RI., St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an
2FULL NAME Mary Oa	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED WIDOWED OR DIVORTED	16 DATE OF DEATH april 8, 1930
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
July 9 1904	
// (Monyh) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 12 Non
9 37 9 1 day hrs.	
yra. / mos. da. or min.?	Maile Cardiac
8 OCCUPATION (a) Trade, profession or	alilatation
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mos d
9 BIRTHPLACE	Contributory
(State or country) Md	Mr. L. M. Tallesson . Span . Vr. Ms
FATHER Michal Globak	(Signed) Geo, M. Carlon Co. M. I
11 BIRTHPLACE	4/8 1920 (Address) Colgate ne
OF FATHER (State or country) OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Josephine lellace	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE	At place In the
(State or country) Aus Rea	of deathyrsmosds. Stateyrsmosd Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Frank, Janichello	Former or usual residence
(Address) Lynch Pourt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Visit of Surial Date of Burial
15 Filed Get . 9 ct 1980 John & Connelly	TO UNDERTAKER
Registran	John J. omelly take Mo
If more banks are needed, address tate Registry	r, 16 W. Sararoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed. as Al school, or Al home. Care should be taken tion applies to each and every person, irrespective of Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Form laborer. (h) Cotton mill; (a) Salesman. At Home, For persons (b) Automobile factory. The and children, not gainfully em-Laborer-Coal minc, etc. Womwho have no occupation (6) material Grocery,

Statement of Cause of Death—Name, first, the DIS-EAUX (1USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably smeide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles American Medical Association (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, "Exhaustion, causing unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was underperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), cough; 9.9 Committee, in "Heart failure," "Haemorrhage, Chronic The nature of the injury, valvular heart etc. The contributory Nomenclature disease

If this certificate is soked wer throughly and all questions inswered in detail, it will observe further exrespondence. All the lata is essential find that be obtained before the certificate is bermanently float.

N. B.--Every Item Information should be carefully supplied. ACE should be star. EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. P. A. LY, WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE V S. No. 1

PLACE OF DEATH	08993 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Ouris hull (No.	(16 days).
	St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Widowe WIDOWED (Write the word)	16 DATE OF DEATH August 4, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march 26 184	3 May 16 130.00 august 4, 130.
(Month) (Day) (Year	that I last saw him alive on aufust 4, 1930,
7 AGE If LESS th	
87 yrs. 4 mos. 9 de or mi	
8 / yrs. 7 mos. 7 ds. or min	
(a) Trade, profession or particular kind of work	arterioccerosio (general)
(b) General nature of industry	
business, or establishment in worker which employed or (employer)	(Duration) Unlemonde
9 BIRTHPLACE	Contributory
(State or country) Germany	Secondary
1D NAME OF	(Signed) George C. Medairy M.D.
FATHER (Unknown)	(Signed) M.D. Aug 4 1930 (Address) Ownformalls
OF FATHER	
OF FATHER (State or country) Lermany	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Lermany	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	- Where was disease contracted, Aluknown if not at place of doa h?
801.11	Former or usual residence
(Informant) Miro hunnie Heason	19 PLACE DF BURIAL QR REMOVAL DATE OF BURIAL
(Address) Owing mills, mil	Pedas Hill less to aut 1 20
	2D UNDERTAKER ADDRESS
Filed any 4 19230 Strade	Grow. W zikler 1737 & En



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engincer, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material whatever, write Nonc. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory affection need not be Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

and .	
No.	
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1PLACE OF DEATH	04020 STATE OF MARYLAND	
County Palleusy	CERTIFICATE OF DEATH	
	3 7	
I. D. relo Clescon & Roma	Nhuy floury for Ward (If deeth occurred in	
	Ward) (If deeth occurred in a hospital or institution, give its NAME in-	
2 FULL NAME Jewale wfort]	wedness arrilege stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH ALL 18 , 1936	
(Write the word)	(Month) (Day) (Year)	
6 DATE OF BIRTH		
(Month) (Day) (Year)	thet I last sew helive on, 192,	
7 AGE [If LESS than	and that deeth occurred on the date stated above, at	
Still Will I dayhrs.	The CAUSE OF DEATH * was as follows:	
yrsds. ormin.?	Still birth beares o mos)	
(a) Trade, profession or particular kind of work	Thills look 2 mil by Balburon Co	
(b) General nature of industry		
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) Maylowd	Contributory Secondery (Duration) yrs	
10 NAME OF TALLE	(Signed) G Chechals M. D.	
FATHER MYCLOWY	Aby 19 19230 (Address) Pollevelle wy	
OF FATHER Z (State or country)	*State the Discase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME V OF MOTHER /	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In theyrsmosds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	Former or usual residence.	
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address)	Succuraled At 18, 130	
Filed Afr 19 19230 8-66 Weekse Registrar	20 UNDERTAKER ADDRESS	
If more banks are needed, addre s State Registrat	. 16 W. Seratega St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enen at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Plonter, Statement of Occupation-Precise statement of oc-Housenwid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesmon. (b) Grocery, (b) Automobile factory. The material Wom-

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepens, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, pertionaeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid—probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by roilway traincan be ascertained as the cause. causing death), 29 ds.; Bronchopmeumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature Always qualify all

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	PLACE OF DEATH	-4/ 13583 STATE OF MARYLAND
	County Bullinge	CERTIFICATE OF DEATH
4		Registration Dist. No. 44
Vi	liage or City Edge (No.	Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of atreet and
	2FULL NAME Ludys Tark	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 :	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) /7 (Day) / 93 (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attanded the deceased from
	July 15, 1930	, 192, 192,
_	(Month) (Day) (Year)	that I last saw halive on, 192,
7 /	yrs. 4 mos. 3 ds. or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
1	a) Trade, profession or particular kind of work	bilation otitis media
	b) General nature of industry ousiness, or establishment in which employed or (employer)	(Duration) mos 7 da
U	SIRTHPLACE (State or country)	Contributory acute meningitis probable Secondary Pressure acute (Durstion) yrs mos 2 ds.
	10 NAME OF FATHER POL Parker	(Signed) Lours & B. M. D. art Correson M. D.
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	of MOTHER and A Devine	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth? Former or usual residence.
	(Address) Edglined	19 PLACE OF BURIAL OR REMOVAL Ohrs Hoppins Hoso 16019, 1930
15	Filed nov. 19 1920 John A. Connelly Register	20 UNDERTAKER ADDRESS Soreth ahrens 221 Bray
	If more hunks are needed, address State Registrar	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm labarer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Caol: wark, or At Home, and children, not gainfully employed, as At school, ar At home. Care should be taken definite salary), may be entered as Hausewife, Hauseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Campasilar, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nanc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekespers who receive a to report specifically the occupations of persons en-For many occupations a single word or term on Lacamotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumania, Branchopneumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver waund of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), Whoaping caugh; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinama, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need etc. The contributory valvular heart not be disease;

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PLACE OF DEATH	STATE OF MARYLAND
County Ballemore	CERTIFICATE OF DEATH
Po a	Registration Dist. No.
Village or City Starsous Called	St: Ward) (If death occurred in a hospital or institu
2FULL NAME LISCE	Paul tion, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Hate Single. MARRIED, Momei OR DIVORCED (Write the word)	16 DATE OF DEATH May 31 d., 1993. (Month) 3/ (Day) 1936 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Vanied 8 1883	192 . to
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS that	and that death occurred on the date stated above, at 4050 m.
1/7 1 23, Idayhrs	
yrads. ormin.	Topological
(a) Trade, profession or Joreman	morningeled fance of west
(b) General nature of industry	angina Silved
businesa, or establishment in which employed or (employer) Bell of Co	(Duration)yrsmosds
9 BIRTHPLACE (Ntate or country)	Contributory
Kew york	(Duration) // yrs. mos. ds.
10 NAME OF FATHER	(Signed) 1/20 MM' Micholas Coronno
11 BIRTHPLACE	
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER SOME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL
(Addresa)	Tun Cattedias June 3, 1,30
Filed May 31 19230 9. Att Common in Registrar	John J. Monan 3000 E. Balto
if more banks are needed, addre.s State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed hou ehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-"Inanition," "Marasums," etc., when a definite disease "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," ("Shock," "Old Age," "Shock,") causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations of statement of cause of death carbolis acid—probably suicide. The n-ture of the injury, as fracture of skull and eonsequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

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CERTIFICATE OF DEATH

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Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an many to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home. who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enscork, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. whatever, write None. tired 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation has been changed "siness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The material

Ass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

vulsions," ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Mcasles; mgcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculoris of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing death), 20 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homioide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injuly State cause for which surgical operation was under "PUERPERAL septicaemia,""PUERPERAL peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease;(name origin; "Cancer" is less definite; avoid ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The na-Examples: Accidental drowning; Struck by railway "Debility" ("Congenital," "Senile," etc.), Always qualify all The contributory (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	07727 STATE OF MARYLAND		
County Saturns	CERTIFICATE OF DEATH		
A 04. 34	90 Registration Dist. No. 37		
Village or City Julianula Edward Edward	St: Ward) (If death occurred in a hospit of institution, give its NAME in stead of street and number.)		
	number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Month (Day) (Year)		
© DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 1930 that I last saw harmalive on 1930		
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stayed above, at		
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dylambely Rhewski		
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs. mos. ds		
10 NAME OF FATHER OF STATE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D. M.		
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs		
(Informant)	Where was disease contracted, if not at place of death? Former or usual residence		
(Address) Lutherulle Ma	Month a amity DATE OF BURIAL 945, 1936		
Filed July 2 1980 BB Bernand	Markline + Sm White Hall		
if more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever. write None. nner, (b) Cotton mill: (a) Salesmon. (b) Grocery;
Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, know yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the Laborer--Coul mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dinhihera avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nonienclature Chronic valvular etc. The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	07728 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
A	Registration Dist. No. 35
Village or City 6515 Shelward Roed 2FULL NAME Joseph W. Pear	2. Govans Indest: Ward) (If death occurred in a hospil I or institu-
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
male white MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 26, 198 0. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	HEREBY CERTIFY, That I attended the deceased from 1927 to 1920, 1920, 1923.
75 yrs. // mos. /6 ds. or mir	rs. The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work	artino Selvorio
(b) General nature of industry business, or establishment in which employed or (employer) Activel Farma.	(Duration) 2 yrs. nios ds.
9 BIRTHPLACE (State or country) Butto Co. Ind.	Contributory Secondary (Duration) yra. mos
10 NAME OF FATHER Josish Peave	(Signed) John Boshu M. D. July 26 1930 (Address) White Hall had
OF FATHER Saw Co. Ind.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Wight	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Ball C. huke	At place of death yra mos. ds. In the State yra mos. ds.
(leforeset) W. Chr. L. Place	Where was disease contracted, if not at place of death? Former or usual residence
(Informant) M. Show. A. Velacet. (Address) Whole Hall. Ind	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filestuly 2 9th 1925 0. M. Jorthy M. Regiltrar	De marklus Son white Hall had
If more branks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day Iaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook; household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, For many occupations a yrs). (b) Automobile factory. The material For persons who have no occupation single word or term on Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can he ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, etc. The valendar heart disease; contributory Measles ;

V.S. No. 1

PLACE OF DEATH	02664 STATE OF MARYLAND
County Baltwine	CERTIFICATE OF DEATH
	Registration Dist. No. 31
Village or Sity Tollewilde Govern	
Village or Gity Ollewyldish, Corner	St.: Ward) (If death occurred i
h. F.	tion, give its NAME In stead of street an
2FULL NAME Many I same (number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH D. The Start Con Takes the
MARRIED, WIDOWED.	XVIII 1980
Temale white OR DIVORCED round	(More) (Day) 430 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
por 1 1050	100 6 100 may 6, 193
(Month) (Day) (Year)	that I last saw h or alive on Mich 6 , 1931
7 AGE [If LESS than	and that death occurred on the date stated above, at 37.
7-4 14 1 dayhrs.	The CAUSE OF DEATH was as follows:
71 yrs. 4 mos. 15 ds. or min.?	(p)
B OCCUPATION (a) Trade, profession or	Jaraelfels
particular kind of work	
(b) General nature of industry business, or establishment in	0.013.
which employed or (employer) M Home	(Durstion) Troo de
9 BIRTHPLACE DA A G	Secondary Secondary
(State or country) Botto Bota fred Co.	Unghang Duration To mos de
10 NAME OF TY	and the order Exp
FATHER Thomas To Lightle	Cles 6-820 1,7W-250
O II BIRTHPLACE	*State the Liseuse Causing Death, or in deaths from
Z (State or country) Harfurd (s. Ind.	*State the I is ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
OF MOTHER The Man A Treadume	18 LENGTH OF RESIDENCE (For Hospituls, Institutions, Trans
13 BIRTHPLACE	ients r Recent Residents)
OF MOTHER	At place of deat' yrs
(State or country) Tayong Co. No.	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) This, O. V. Strutt	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6575 Sheewood Road	Version Centry har. , 19
15 mil 7 Me Daut	20 UN JERTAKER ADDRESS
Filed / 1900 M Fuller Segistrar	Dhallens Low Who to Hell & da
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. borer, Farm laborer, Loborer—Coal minc, etc. Wom-Foreman, For many occupations a single word or term on (b) Automobile foctory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic The n :ture of the injury, etc. The contributory valvular heart disease;

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING FOR AINLY, WITH UNFADING INK--THIS IS MARGIN RESERVED WRITE

8. No. 1

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PLACE	OF	DEAT
County Ba	ltin	ore

06500

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 28
Village or City Glen Arm (No. Glen Arm Ro	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowed Widowed. Female White (Write the word)	16 DATE OF DEATH June 24th , 192 30 (Month) (Day) (Year)
May lst., 1836 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE	and that death occurred on the date stated above, at 8:40 P.m., The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Richard G. Woods 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Ann Gellagher 13 BIRTHPLACE OF MOTHER (State or Country) Philadelphia, Pa.	(Signed) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Thomas G. Pearce	Former or usual residence
(Address) Glen Arm. Maryland.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 6/25 1930 G. M. Baen Registrar	Prospect Hill Cemetery June 26 19 30 20 UNDERTAKER ADDRESS Fuel. Lassabut Sow Fullerton. Md.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnous -- Laborer-Inborer, Farm laborer, Laborershould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Farm laborer, Laborer—Coal mine, etc. Wom-Stationary fireman, etc. But in many (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory affection Nomenclature of the need disease; not be

No. 1 192

PLACE OF DEATH County alternan	STATE OF MARYLAND CERTIFICATE OF DEATH
2	Registration Dist. No.
Village or City of give (No	Ward) Ward) (If death occurred In a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	9le 16 DATE OF DEATH 70.30%, 19230 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
//N 30 m	1930 192 to , 192
1 d	ESS than and that death occurred on the date stated above, nt
(a) Trade, profession or particular kind of work (b) General nature of industry business, or catablishment in which employed or (employer)	Ouration)
9 BIRTHPLACE (Ntate or country) Md.	Contributory Vernature Secondary (Duration) yre mos. ds.
10 NAME OF FATHER UNKNOWN	(Signed) 192 V (Address) Shancins our
OF FATHER (State or country) White or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Omnall ence	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) A O O O O O O O O O O O O	At place of deathyrsmos,ds, Stateyrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Former or usual residence.
(Informant) Colgate ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Out of ohus Hopsine, 19
Filed Nov. 3 0 19220 la Attentice	acmo address advices Laboration
If more banks are needed, addre a tate	Registrar, 16 W. Saratora St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materic. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term en yrs). For persons who have no occupation Locomotive engineer, Grocery,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_ivis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopnaumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY intercurrent) Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the Always qualify all not be

	PLACE OF DEATH County 900000	
Vi	Mago or City Rusterstam No.	
2 FULL NAME Infant Son of A		
	PERSONAL AND STATISTICAL PARTICULAR	
3 1	Hall white Single, Married, Middle Wildowed, Married, Wildowed, Married, Wildowed, OR DIVORCED (Write the word)	
6 1	DATE OF BIRTH	
	(Month) (Day)	
7 /	Millbarn If LE I da yrs. mos. ds. or	
OP Cb	DECCUPATION a) Trade, profession or strictular kind of work b) General nature of industry susiness, or establishment in which employed or (employer)	
9 8	(State or country) Ballo (MIC	
	10 NAME OF FATHER Holm Perigog	
PARENTS	OF FATHER (State or country)	
PAR	OF MOTHER GLADIL FLO	
	OF MOTHER (State or Country)	
14	(Informant) Joly Aulgoy	
	(Address) Kusheshow	
15	Filedfrom 25 1930 strulled	
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Ilf LESS th I day h or mir

Registrar

If more branks are needed, address tate Registrar, 16

06501 STATE OF MARYLAND CERTIFICATE OF DEATH

	Positivation P	ist. No. 33
	AA (ist. No.
	Busic Peregass	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
_	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH 25	th., 192 30
_		(Day)(Year)
0	b t 25 1020 to 6	25 , 1520
	that I last saw h/M on On	25-100000
an	and that death occurred on the date stated a	sullom
rs.	The CAUSE OF DEATH was as follows:	
1.?	Sullvin	

	(D)	
	(Duration)	_yrsds,
	Contributory Secondary	
	1 Burstion	As Manos de
_	11. MA	18/
	(Signed)	M. D.
	6-45 - 193 (Address) Peffel	Continue, Tag
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ry and (2) Whether
_	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	is, Institutions, Trans-
	At place of death yrs mos. ds. State	yrsmosds.
-	Where was disease contracted, if not at place of death?	7 °C
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
-	asherry MI to Claucke	June 25 1936

ml

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as *Doy laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (o) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationory fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was under-(secondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart Nomenclature of the disease; not be

PLACE OF DEATH	06502 STATE OF MARYLAND
County () Sallimil	CERTIFICATE OF DEATH
—	Registration Dist. No.
Village or City Jests (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME anna V Ge	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH June 20, 1830
(Write the word)	(Month) (Day) (Year)
STATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that I last saw h Malive on 1980
AGE fLESS than	and that death occurred on the date stated above, at
19 yrs. // mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or	ρ ρ ρ
particular kind of work	Tuesper Carrosse: 2 days.
(b) General nature of industry business, or establishment in	Ceule G. (Duration) yrs, tros ds.
which employed or (employer)	Contributory
(State or country)	Secondary (Dration) vis. mos. de.
10 NAME OF FATHER	(Signed) O3 O3 O3 C2 M. D.
11 BIRTHPLACE	In 20 1930 (Address) Cuckeysall
OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
OF MOTHER UNIV. Sulare	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER MAL	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mille Part	Former or usual residence
(Informant)	19 PINCE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	June 23, 19
Filed June 20 1930 B Bener	20 UNDERTAKER PADDRESS ADDRESS

If more branks are needed, active state Registrar, 10 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia -Coal mine, etc. not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; by Committee on Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all

WITH TINEADING INK -- THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

•	N. BEvery item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
WRITE AMLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	EXACTL y classificate.	V
	roperi	=
NEN	be s ck of	3
PERMA	Ehould It may	6
IS A	So that	7
THIS	upplied terms se instr	3 6 7
INK	ully s plain nt.4 S	100
ADING	ATH In	9
I UNF.	OF DE	. -
WITH	tion share	T N
TANKY,	state C	0 H Z
LE C	Every Item of Information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	14
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CERTIFICATE OF DEATH
St.: Ward) St.: Ward) St.: St.: Ward) St.: St.: St.: Ward) St.: St.: St.: St.: St.: St.: St.: St.:
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw halive on, 192
and that death occurred on the date stated above, at
Contributory Jacob Wallman Coroner Secondary (Duration) yts mos de
(Signed) MD
*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
Where was disease contracted, if not at place of dea.h? Former or usual residence
19 PLACE OF BURIAL OR REMOVAL Levas almo Hara 12/2/, 193 and 19 Jun Dertaker 20 UNDERTAKER ADDRESS
2



(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. not gainfully em-6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection withrespect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular Nomenclature of the The contributory Always qualify all heart disease; not be

WRITE LAINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD N.B.-Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-BINDING MARGIN RESERVED FOR S No. 1

PLACE OF DEATH	07729 STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
108	Registration Dist. No. 30
	94 Wardmaus Rd. Ward) (If death occurred in a hospital or institution, give Its NAME is stead of street and
2 FULL NAME alma K Pata	2 SOU number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Januala White (Write the word)	16 DATE OF DEATH July 15th, 1930 (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Malive on July / 5 , 1930,
7 AGE If LESS than	7 7 250
I dayhrs	
37 yrs. mos. / ds. or min.	
N(a) Trade, profession or particular kind of work	(Stripto midens)
(b) General nature of industry	4 3,
business, or establishment in which employed or (employer)	(Duration) yrs from de.
9 BIRTHPLACE	Contributory Secondary
(State or country) (Mcaa o - Sec.	(Duration) yrs mos. ds.
10 NAME OF Hugo Aruse	(Signed) Amy The World M. D.
M 11 BIRTHPLACE	- Julian Jan Jan Jan Jan Jan Jan Jan Jan Jan J
Z (State or country) I magneand	Figure 4 Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Anna Goodgrisel	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Chicago Oll	At place of deathmosds. In the Stateyrsmosdsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
hat of both	Former or usual residence
(Informant) Mrs. Mee I clerson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 1104 Wardman A	Hood Cawn mely //17 ,30
15 Fileduly 17 1980 July Dutter och	20 UNDERTAKER 20 UNDERTAKER 12.17ST Paul
Negistrin Registrin	Cultarin Colo Vol/Or laur
If more b.anks are needed, addre.s Ltate Negistr	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Automobile factory. The materia Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E.haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondar, or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (mere!y symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Baltimore	CERTIFICATE OF DEATH
	# 141 511 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44
	Page 0	Registration Dist. No. 44
	Village or City Stermers (No. Buc	h Twer Most Ward) (If death occurred in a hospital or institu-
2		tion, give Its NAME II -
	2 FULL NAME COLLYANDER S, OF	stead of street and number.)
	+	3
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	S SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH SLC. 11th 1980
	male White OR DIVORCED advised	0000, 11 - , 1900
	(Write the word)	(Month) (Dsy) (Year)
	6 DATE OF BIRTH	17 LHEREBY CERTIFY, That Lattended the deceased from
	Dec. 4 1858	1930. to Que (/, 1930.
	(Month) (Day) (Year)	that I last saw hem alive on Dec . 1/, 1930;
	7 AGE [If LESS than	and that death occurred on the date stated above, at 10 mm.
	l dsy_hrs.	The CAUSE OF DEATH * was as follows:
	/	Caremona of the oesophagus.
	a) Trade, profession or	
	particular kind of work (runler)	. ,
	(b) General nature of industry	aspen
•	business, or establishment in third	(Duration) yrs, mos ds.
	9 BIRTHPLACE	Contributory Candrac failures Rubakly
	(State or country) Mary Kan	Live to egimbolius.
	1 10 NAME OF	(Duration) yrs mos de.
	FATHER SA GI. Hillat	(Signed) The M. D.
	11 BIRTHPLACE	Thee, 12, 1980 (Address) 30 30 Commondon (no
	OF FATHER Z (State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1), Means of Injury and (2) Whether
	Ш	Accidental, Suicidal or Homicidal.
	of MOTHER Secretarias Stations	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER M	At place of deathyrsmosds. In the Stateyrsmosds.
	(State or Country) / Kiry Cond.	Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant Burnett a. Fellet	usual residence
	44	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
	(Address) Slemmers Tim	Landon Vask Conflerate 16, 1030
	15 0 16 3. S 9h. M.	20 UNDERTAKER ADDRESS
	Filed Lec. 13 1930 Amy, Commelly	the died Durch Han 740 1/3 clarely
		Madeneralogue
	If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4 -9 10 4 10 to

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebropina fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease etc. The contributory

T.		PHYSI-
MARGIN RESERVED FOR BINDING	WRITE WALLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms to that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
6	WRITE	CIANS shoul statement of

THE ACE OF DEATH

PLAGE OF DEATH	19219 STATE OF MARYLAND
County/ alleway	CERTIFICATE OF DEATH
	Registration Dist. No.
July and form to 11/2	7-9-
Village or City Paraws ound	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME h
25111 NAME anne M. Pos	stend of street and number.)
2FULL NAME.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH OCK / 7. 1980
WIDOWED.	
(Write the word)	(Month) (Dsy) (Year) 17 (HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Sph 15 130 to Och 1 1930
march 5, 1861	
(Month) (Day) (Yesr)	that I last saw her alive on
7 AGE [If LESS than	and that death occurred on the date stated above, at
69 yrs. 6 mos. 26 ds. or min.?	The CADE OF DEATH * was as follows:
B OCCUPATION	Insuficione
(a) Trade, profession or particular kind of work	
(b) General nature of industry	Vailage
business, or establishment in home have	(Duration yrs. Inos. de.
9 BIRTHPLACE	Contributory JDW2
(State or country)	(Duration) vrs. a mos
1D NAME OF D	Town I transpy up
FATHER Melion or et	Chili 20 Alana Park
O 11 BIRTHPLACE OF FATHER	Cent 30 (Address) Tarros Pont he
Z (State or country)	*State the Piscase Causing Peath, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Clabaron	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ienta or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Charter	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) hu Fred Herrack	Former or usual residence
(Address) /112 3 f. Spannos Ph	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Irreme gron, 100 7, 1900
Filed UCV 2 1923 y (The mick h)	The Juckye, fores To fa hole, had
If more blanks are needed, address that Megistral	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Without more Francisco and mine, etc. Wom-laborer, Form loborer, Loborer—Coal mine, etc. Wom-Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationory firemon, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal mehin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway troinperitonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y . (name origin; "Cancer" is less definite; avoid cough; Chronic volvulor heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

	Spec6-9-19-	-H. P. Co1000 Bks.				
for- tate PA-		HEA	LTH DEPAR	TMENT	T—CITY OF BALTIMORE 12505	
f co	CERTIFICATE OF DEATH.					
O D D D	I-PLAC	CE OF DEATH			o.Md. (Catonsville) REGISTERED No. 30	
SICIANS shatement of		/	38 Overbroo	k Road th Pfe	(If death occurred in a hospital or institu- tion, give its NAME instead of street and number.)	
	(a) RES	SIDENCE. No. 38	Overbrook	Road	Balto. Co. Md. (Catonsville)	
ECON- PHN Exact		(Usual place of abode) sidence in city or town where death o	72	mos.	ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.	
A.:	PE	RSONAL AND STATIST	TICAL PARTICULAR	s	MEDICAL CERTIFICATE OF DEATH	
IANENT EXACTLY classified.	3 SEX	4 COLOR OR RACE	5 Single, Married, W or Divorced (write		16 DATE OF DEATH (month, day, and year) NOV. 17/30/19	
XA(assi	Female	White	Widowed		17	
PERMA ted E perly cl ficates.	HUSBA	d, widowed, or divorced			NOV.11/30., 19, to NOV.17/30., 19	
S A PERM e stated properly certificates	(or) W	IFE of SIMO	n Pfeffer		that I last saw h. e.r. alive on. Nov. 17/30. , 19 and that death occurred, on the date stated above, at. 7.30 P. a.	
st pro		BIRTII (month, day, and				
be be	7 AGE	Years Months	1	LESS than day, hrs.	The CAUSE DEATHT was as follows:	
should it may in back					Lobar Pneumonia.	
S THE	A .		Retired		(duration)yrsnos. 6d	
ed. s, so rructi	business.	rai nature of industry, or establishment in apioyed (or employer)	House-work.		CONTRIBUTORY Arterio-Sclerosis.	
Supplied n terms, ce instru	(c) Name	e of employer			(duration) 20 yrs, mos,	
D N	9 BIRTHPL (State or	ACE (city or town)	Langd	1817 + 260 () = 0 3,00 () 0 0 0 0 0 0 0 0 0 0	18 Where was disease contracted if not at place of death. Did an operation precede death? No. Date of	
carefull	10 NAM		ob Schaefer		Was there an autopsy?	
LY, WIT be careful EATH in important			What test continued diagnosis? None. (Signed) Cess of Mach Change			
ETO L			Md.			
WRITE PLAI mation shoul CAUSE OF TION is very		HPLACE OF MOTHER (ci	ty or town) Lar		*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) whether Accidenta Suicidal, or Homicidal. (See reverse side for additional apace.)	
RIT AUX ION	14		many		Suicidal, or Homicidal. (See reverse side for additional apace.) 19 PLOS OF BUDIAL CREMATION OR REMOVAL DATE OF BURIA	
7		38 Overbrook		0.0000000000000000000000000000000000000	Lorulla OK levy 11/20/30	

[Approved by U. S. Census and American Public Health Asso.]

or industry, and therefore an additional line is proquestion applies to each and every person, irreshealthfulness of various pursuits can be known. state occupation at beginning of illness. . If retired or given up on account of the DISEASE CAUSING DEATH, or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite without more precise specification, as Day laborer, "Laborer," "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the freman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, Compositor, Archior term on pective of age. occupation is very important, so that the relative occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no from business, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged At school or At home. home, who are engaged in the duties of the household Farm laborer, Laborer form part of the second statement. Automobile factory. Statement of occupation .- Precise statement of domestic service for wages, as Servant, the first line will be sufficient, e. g., For many occupations a single word that fact may be indicated thus: The material worked on may Coal mine, etc. Care should be taken to Never return Women at

"Epidemic cerebrospinal meningitis"); Diphtheria same accepted term for the same disease. Examples: respect to time and causation), using always the DISEASE CAUSING DEATH (the primary affection with toneum, etc., Carcinoma, Sarcoma, etc., of ... indefinite); Tuberculosis of lungs, meninges, peri-Cerebrospinal fever (the only definite synonym is Bronchopneumonia ("Pneumonia," port "Typhoid pneumonia"); Lobar pneumonia; (avoid use of "Croup"); Typhoid fever (never re-(name origin; "Cancer" is less definite; avoid use of Statement of cause of death.-Name, first, the for malignant neoplasms); unqualified, Measles;

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ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

DEC. 34

DEC. 35

DEC. 36

DE

V. S. No. 1

1PLACE OF DEATH	13580 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
1 00 0 31	101-00 Registration Dist. No. 43
Village or City Gley Urun MANO	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME John Maurice	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single. Male White Structure of Married. White Structure of Married. White Structure of Married.	16 DATE OF DEATH MY / OL , 19230
6 DATE OF BIRTH Letway 9, 1895 (Monga) (Day) (Year)	(Month) (Day) (Yesr) (Yesr) (The lattended the decensed from 1230, to 1230, that I last saw h(Malive on 1230, to 1320,
7 AGE 35 yrs. 8 mos. 22 de. or min.?	~ 10 -
OCCUPATION (a) Trade, profession or particular kind of work	Mar Menhoma
(b) General nature of industry business, or establishment in which employed or (employer) Marwee	(Duration) yrs mos 4 ds.
9 BIRTHPLACE (State or country) Macyland 10 NAME OF FATHER W. W. Phillips	Contributory Secondary (Dyration) yre de. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME 1.	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lillie B. Miller 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Lewelssee	At place of death
(Informant) Mark & Shellips	if not at place of dea.h?
(Address) Long Green md.	Wilson M & Church Cemetry nov 5th, 1930
15 Filed Nov. 3 1926 Halunch	John & Slade Long Green
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. hod. Mil

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronehopneumonia (secondary), stited unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

BINDING

RESERVED FOR

MARGIN

PLACE OF DEATH	97730 STATE OF MARYLAND
County dellimore	CERTIFICATE OF DEATH
1 1/0-10 0.1	Registration Dist. No. 4/2
Village or City Halllwife (No. Vant	Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and
2FULL NAME JOHN / Rullifs	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 14, 1/30 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Jel 14 1920 to July 1920 that I last saw han alive on July 14 , 1920
	and that death occurred on the date stated above, at
CCUPATION (a) Trade, profession or particular kind of work	Cerebral Humhay Silpoplery.
business, or establishment in which employed or (employer)	Contributors de
(State or country) North Carolina	Secondary Do Duration Syre mos ds.
10 NAME OF FATHER	(Signed) My D.
of FATHER (State or country) Mouth Carolina Z	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 1. Kunew	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Weller	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Walter Philips	Former or usual residence
(Address) Haletterpe ud.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7-17 -, 1900.
15 File July 130 Sufrafreffe	Las In Skimes 1625-6. Indeles
If more branks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OR DANIE DE LA COMPANION DE LA

200 5 E

SI-	PLACE OF DEATH	10
EXE	County Ballo	(172)
ed.	1	170
Ssified	Village or City Della (No	Mr d
	I I P M D'	0
ated EXA	2FULL NAME JOHN I NOTE	<u> </u>
stated proper	PERSONAL AND STATISTICAL PARTICULARS	М
d be si	Make 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. (Write the word)	16 DATE OF D
oui ma n b	6 DATE OF BIRTH	17 I H
CE sh hat it ons o	(Month) (Day), 1812 (Year)	that I last saw
so t ucti	7 AGE If LESS than	and that death
lied ms s nstr	3 8 yrs	The CAUSE OF
upp terr	a OCCUPATION (a) Trade, profession or	Shot hims
a in	particular kind of work dwowl	barrel shot
n pl	business, or establishment in which employed or (employer)	(/
Ear	9 BIRTHPLACE	Contributory Secondary
EAT Im	(State or country) Maryland	11)
F D	TO NAME OF FATHER WAS PILLED PLANED	(Signed)
E O	11 BIRTHPLACE	Dept 26
NON	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State ti
ATI	∢ OF MOTHER M	Accidental, Su
state CCUP	13 BIRTHPLACE	At plece
f in	(State or Country) Mayland	of deathyrs Where was disess
should ent of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of
lten sh	(Informant) Mis amelia Pierce	ususl residence
Every Item CIANS sho statement	(Address) Restustour Mil	19 PLACE OF B
CI/ CI/ sta	15 50 +22 - 21 20 CA-DC.	20 UNDERTAK
	Filed 20140, 1925 H - Ol Registrar	11 15 6

10174 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 3

Ward) (If deeth occurred In a hospitul or institution, give its NAME instead of street and

	number.)	
MEDICAL C	ERTIFICATE OF DEATH	_
16 DATE OF DEATH	Duft 2 5 40 1923	2
\$0000000000000000000000000000000000000	(Month) (Year)	
17 I HEREBY CERT	TIFY, That I attended the deceased fr	om
	92, 192,	
that I last saw halive	e on, 192	
and that death occurred on	n the date stated above, at 9. W	m,
The CAUSE OF DEATH * w	wes es follows:	
leller C	age of Quarte	de.
Shot himself in the	a left breath with a double-	
0 0 0	somme distely Conta R.	
U V	(Duration) yrs. mos.	ds.
Contributory		
Secondary	, ,)	
	(Dyfation) mos.	di.
(Signed)	VE X ON ONCE FI.M.	10.
Sept 26 19270 (Add	dress) Glyndon rig Cay	m
*State the Disease Violent Causes, state (1) Accidental, Suicidal or Hom	Causing Death, or, in deaths from Death of Injury and (2) Whether nicidal.	
	ICE (For Hospitels, Institutions, Tre	ns-
ients or Recent Residents	in the	
At plece of deathyrsmos		ds.
Where was disesse contracted, if not at place of death?	444000A 04400 Baouna 4700 7000 6600 0012 Badd oo oo aa	
Former or usual residence		*******
19 PLACE OF BURIAL OR F	REMOVAL DATE OF BURIAL	
Druck Ruly	Cancley 141 29, 103	6
20 UNDERTAKER	ADDRESS	0
11 15 101.	Keaslessharen MI	

If more bianks are needed, addre.s Ltate Registrar, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., without more process. Toda mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases , resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need Nomenclature of the not be

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08492 STATE OF MARYLAND

PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred to a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIEO. widowed ordivorced (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industr business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. State Where was disease contracted 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or usuat residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

REGISTRAR

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., requesting V. S. No. 1.

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duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foremark, (b) Automobile factory. who have no occupation whatever, write None. eated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scruunt, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HUMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

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PLACE OF DEATH	13587	STATE OF	MARYLAND
County Balsimore		CERTIFICATE	OF DEATH
	29)	Registration I	Dist. No. 39
Village or City Morkford (No	io Pleasan	St.:Ward)	(If death occurred in a hospital or institution, give its NAME in stead of atreet an number.)
PERSONAL AND STATISTICAL PARTICULARS		***************************************	
# SEX 4 COLOR OR RACE 5 SINGLE.		CAL CERTIFICATE C	DE DEATH
Temale White (Write the word)	16 DATE OF DEATH	(Nonth)-	(Day) (Year)
6 DATE OF BIRTH	17 OCH	CERTIFY, That I att	ended the decessed from
January 29 1840 (Month) (Day) (Year)	that I last saw h.		(3, 193)
7 AGE If LESS than		red on the date stated	above, at 5 P in
9/ yrs. 9 mos. 7 ds or min.	1	TH * was as follows:	A Transfer
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	CMISS	(Duration)	t reflectes yrs
9 SIRTHPLACE (State or country) Maryland	Contributory Secondary	- //D	
10 NAME OF FATHER Cloude Jankins	(Signed) By	Shumant	M. D.
OF FATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME	*State the I. Violent Caus s, s Accidental, Suicidal	Disrase Causing Death, tate (1) Means of In or Homicidal.	or, in deaths from jury and (2) whether
of MOTHER Lydely Urmour	18 LENGTH OF RE		tale, Institutions, Trans
13 EIRTHPLACE OF MOTHER (State or country) Measoure	At place of death yrs	nosds. In the	e yrs d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont if not at place of dea	tracted, th?	
Untomant Mrs Joseph Sparks	Former or usual residence		
(Address) Markson, Ind.	19 PLACE OF BURIA	Emeti.	now, 8. 183
15 Filed 11-7- 1980 Transis Afflat	20 UNDERTAKER	6 8	ADDRESS M

If more banks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Teal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation know (a) the kind of work and also (b) the Farm laborer, (b) Cotton mill; (a) without more precise specification as Day (b) Automobile factory. Laborer-Coal mine, etc Salesman. (b) Locomolive engineer, The materia Grocery, Trom-

whatever, write None.
Statement of Cause of Death—Name, first, the Distance Cause of the and causation), using always the same accept ed term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere broken spinal meningitis"); Diphlieria (avoid use of "Croup"); Diphlieria (avoid use of "Croup"); Diphlieria (avoid Pneumonia"); Diphli

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., supers, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. diseases can be ascertained as the cause. Whooping cough; approved by (Recommendations on statement of cause of American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," cause for which surgical operation was under-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage or intercurrent) Committee on Chronic Example: Mousics (disease affection need not etc. The contributory valvular heart Nomenclature Always qualify all discuse; death 88

TXSI-Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) cortificate. a hospit d or institu-EXAC tion, give its NAME i. stend of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH of 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOWED. OR DIVORCED onid may (Write the word name Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from nstructions at (Month (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... & I day hrs. The CAUSE OF DEATH * was as follows: terms ds. or min.? 8 OCCUPATION 60 (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Nelini Contributory impo 9 BIRTHPLACE Secondary (State or country) be EA (Duration) VIS. MOS.....ds D 10 NAME OF 0 houl L 0 OF FATHER FNA V*State the Disease Causing Death, or, in deaths from 02 (State or country) Violent Causes, state (1) Means of Injury and (2) Whether 0 Accidental, Suicidal or Homicidal, Y F 12 MAIDEN NAME 00 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-D to ients or Recent Residents) 13 BIRTHPLACE Stat At place of death In the OF MOTHER State.....yrs....mos... yrs.....mos. (State or country) 00 Where was disease contracted, houi of if not at place of dea.h? Every item CIANS sho statement usual residence (Informant) OR REMOVAL DATE OF BURIAL ADDRESS If more beanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Civil engineer, Physician, Compositor, Architect, Foremon, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon, (b) Grocery, mon, (b) Automobile factory. The material specifically the occupations of persons en-For persons Stationary fireman, etc. But in many who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of stated unless important. Example: Measles (disease approved carbolic acid-probably suicide. The nature of the Injury, accident; Revolver wound of head-homicide; Poismed by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL "Uraemia," "Weakness," etc., when a definite disease "Inanition, (secondary Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonocum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature of the or intercurrent) affection need not be " "Marasmus," "Old Age, Chronic valendar heart disease, and consequences (e. g., sepsis, etc. The contributory " Shock," Meusles ;

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PLACE OF DEATH STATE OF MARYLAND County / Dalsinore CERTIFICATE OF DEATH Registration Dist. No. tion, give its NAME in-stead of street and 2 FULL NAME David PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, MARRIED 3 SEX 4 COLOR OR RACE OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) IfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows Perheronary terber culose (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) yrs, mos of ds. which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) ID NAME OF (Address) het. Pleasbert Reieterston NTS *State the Disease Csusing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE (State or Country) Where was disesse contracted,

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if not at place of death?.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonio, Bronchopneumonia ("Pneumonia,"

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If this certificate who well prevent turber correspondence. All the data is reserval and man be obtained before the certificate is perpendicularly fixed

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County

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ACE OF DEATH	
Baltimore	(Fg)

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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Halethorse (No.	and see the lift death occurred in
2FULL NAME RIZA POGG	a hospital or Institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Single OR DIVORCED (Write the word)	16 DATE OF DEATH Ugust 27 , 1:3 U. august (Month) 27 (Day) 1986 Year)
fuly 12 (Month) (Day) (Year)	that I last saw here alive on the last saw here
7 AGE [If LESS than	and that death occurred on the date stated above, at L. m.
l day hrs.	The CAUSE OF DEATH * was as follows:
72 yrs. mos. 5 ds. or min.? 8 OCCUPATION (a) Trade, profession or	Distely Mellitis
particular kind of work	
(b) General nature of industry business, or establishment in	(CAMPATA)
which employed or (employer)	(Duration) yrs. (Ind.)
9 BIRTHPLACE 14/1- X	Contributory
(State or country)	Secondary (Dufation) (Dysa mos ds.
1 10 NAME OF ALL	Oranion) mos mos de
FATHER Of alternal Pragi ((Signed) M. D.
11 BIRTHPLACE 1 + 1	193 () (Address) 19 30 17472
Z (State or country) aly	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ilia Bacigalusa	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place In the of death yrs mos ds. State yrs mes ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs, Frank Knicht	Former or usual residence
(Address) Woodside dvz Halello	Mew bathe hal dug 30, 19.3.6.
15 File aug 28 19230 Ge Mulieffe	Frank V. Reitona E. Baltost
If more branks are needed, address State Registral	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) 'Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease carbolic ocid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by roilway train-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease etc. The contributory

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	ERMAN	hould b t may b on back
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MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, is CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.
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MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSI- d. Exact	PLACE OF DEATH County Balto.	14718 STATE OF MARYLAND CERTIFICATE OF DEATH
EXACTLY, iy classified fileate.	Village or City Edgemen (No. Span	Registration Dist, No. 44 Nons P4. Rd. St.: Ward) (If death occurred least properties or institution, give its NAME is stead of street and number.)
ated ope cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be pr back of	Jensale A COLOR OR RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sic 10 - , 19830 (Month) (Day) (Year)
shot titm son	Sept. 16 th, 1890 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That 1 attended the deceased from 192 to 192 , 1983 C
plied. ACE rms so than instruction	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
sup in tel See	B OCCUPATION (a) Trade, profession or particular kind of work	Caronoma of Cerux
efuily in pia tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs. mos ds
se caref ATH in importa	9 BIRTHPLACE (State or country) Perma	Contributory Secondary
OF DE	1D NAME OF FRED. Co. Schlimme	(Signed) Dawson to Hastin M. D. D. 1980 (Address) A January Port ma
CAUSE TION IS	II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (State of Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Informa state C	OF MOTHER Comma Klinger 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds
should	(Informant) Samuel B. Toest	Where was disease contracted, if not at place of dea.h? Former or usual residence
Every item CIANS sho statement	(Address) Box 132 Pt #10 Edgemere	Oak Lawn Date of Burial 12/12/, 19 30
	Filed Mec 12 1920 John & Cornelly Registres	John Gonnelly Essex
F	If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The to know For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. (b) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage," Chronic etc. The contributory affection need valvular Nomenclature Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MILY, WITH UNFADING INKTHIS IS A PERMA	N. BEvery item of information should be carefully supplied. ACE should CIANS should state CAUSE CF DEATH in plain terms so that it may statement of OCCUPATION is very important. See instructions on backgrounds.
WRITE	N. BEvery item of CIANS should statement of
	WRITE WITH UNFADING INKTHIS IS A PERMAI

S No. 1 0

Councy alterner	08996 STATE OF MARYLAND CERTIFICATE OF DEATH
\mathcal{L}	Registration Dist. No.
Village or City Nodge Lowest	St.: Ward) (If death occurred in a hospital or institu-
· 2FULL NAME Stell Convi	what Posch's stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH (Mg /5 , 19230 (Mgnth) (Day) (Year)
6 DATE OF BIRTH Que 15-14 1930	17 I HEREBY CERTIFY, That I attended the deceased from
(Nonth) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Du com.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. da.
9 BIRTHPLACE (State or country)	Contributory Secondary Secondary Duration) yrs mos
10 NAME OF FATHER ESEPHNOKLIS	aug 16 102 (Aldrew Damoushing
State or country) Litrania	*State the Dis-ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Chrie Zukowski	IB LUNGTH OF RUSIDENCE (For liespitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant Annie Ookles	Former or usual residence
(Address) Lodge forest	Place of BURNAL OR REMOVAL DATE OF BURNAL Rept to Johns Hopkins 19
15 File aug 16 192 30 la Molomour	On atomical falmatory
If more banks are needed, addre. state hegistrar	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Collon mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephrilis, etc. The contributory

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1PLACE OF DEATH	13588 STATE OF MARYLAND
County Balts.	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Chesaco Park (No. 10	the dust. St.: Ward) (If death occurred in a hospital or institu-
FULL NAME George 6. 6	Pollhein tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male A COLOR OR RACE SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 200, 4 £ , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march 19th, 1907	
(Month) (Day) (Year)	that I last saw halive on
7 AGE [If LESS than	and that death occurred on the date stated above, at
3 yrs. 7 mos. 15 ds. or min.?	The CAUSE OF DEATH * was as follows:
B DCCUPATION (a) Trade, profession or	Stuck by benn. R. R. Train
particular kind of work many fewe	# 176 : usravoidable accident
(b) General nature of industry	(Durstion) yrs. mos. ds.
business, or establishment in Bakery Muck	,
9 BIRTHPLACE (State or country) Balts. med.	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF PAPELLA	(Signed) Jacob Dallman Coroner M. D.
11 BIRTHPLACE	(11/4 1920 (Address) Stemmers Run
OF FATHER (State or country) Balts. Ind.	*State the l'iscase Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary & Broken	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Balto, and	At place of deathyrsmosds. Stateyrsmosds.
(State of Country)	Where was disesse contracted, if not at place of des.h?
Jakl G. Pollher	Former or usual residence
(Address) 7/3 21. Willow Cove.	Balto Cameley Nov. 8, 19 30
15 Filed M. 7 19230 John G. Connelly	John G. Connelly Essex
If more banks are needed, addre.s Ltate Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12588

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic etc. The contributory affection valvular heart disease; Nomenclature of the need not be

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

establister Great: Ward)	a nospital of institu-
, pond	tion, give its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	ect.	15,1930	192
**************************************	(Month)	(Day)	(Vone)
17 A HEREBY CERTIFY	Y. That I s	ttended the de	ceased from
17 Def HEREBY CERTIF	3 . (21-15	1075
that I last saw h Lalive or	(0)	J /-/	154,
and that death occurred on th The CAUSE OF DEATH * was		ed above, aty	1159 Lm.
Senle DEs	nent	~	
(1	Ouration)	уга	nosda,
		p late	
(Signed)) In	ilu	108
(Signed) C) Ell	est tot	M. D.
*State the Piscase Ca Violent Causes, state (1) Accidental, Suicidal or Homicid	using Deat Means of ial.	h, or, In dea Injury and (2)	ths from Whether
18 LENGTH OF RESIDENCE ients or Recent Residents)	(For Hos	pitals, Institut	ions, Trans-
At place of deathyrsmosds	. In t	he tateyrs	.mosds,
Where was disease contracted, if not at place of dea.h?		7000000000000000000000000000000000000	•
Former or usual residence		**************************************	
19 PLACE OF BURIAL OR REM	OVAL	DATE OF	
Mongan Chape	el Cen	Oct 1	8. 19.30
O UNDERTAKER		ADDRESS	

Etate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ellicott City mo

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic valvular heart disease; not be

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NOV 5 1930

PLACE OF DEATH	07731 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
of mal	A CA C Registration Dist. No. 7
Village or City (Harris W.A. M.)	Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME DIANICE	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JULY 31 PL 3102 (Month) (Dsy) (Year)
Sept 14, 1928	17 I HEREBY CERTIFY, That I attended the decayed from
(Month) (Day) (Year)	that I lest saw h live on 3020
If LESS than	The state of the s
yrsde. ormin.?	A serior of Daniel Was as follows:
(a) Trade, profession or particular kind of work	Gronelo-foreumia
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF POLO	(Signed) M. D.
O 11 BIRTHPLACE	1/31/18 U (Address) (0/2 5/14)
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Daisy Moson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or country)	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Jousen Pool Jathe	Former or usual residence
(Address) 6 2 4 9 n -	PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15 File lug / sD 1920 4 Mulanuer m.	Dani Mass Line 1408 Moslo
If more banks are needed, addres tate Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from loborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Campositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEA: ECCUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valualar heart discase; Chronic interstitial mephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by roilway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o. Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. S.

PLACE OF DEATH	13589 STATE OF MARYLAND
County Pallo	STATE OF MARYLAND CERTIFICATE OF DEATH
A 0	Registration Dist. No.
Village or City Down No. Tr. M	8 5 4 9 1 Mand (If death occurred in
C \$1001.	a hospital or institu- tion, give its NAME ir- stend of street and
2FULL NAME	numaria number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH // 3/30, 192
6 DATE OF BIRTH	(Month) (Day) (Year)
11/3/30	, 192,
(Month) (Day) (Year)	that I last saw halive on f, 192,
7 AGE	and that death occurred on the date wated above, at
yrsds. ormin.?	THE CAUSE OF DEATH 5 Was as follows:
a) Trade, profession or	
particular kind of cond	
business, or establishment in	(Duration)yrs mos., ds.
BERTHPLACE (State or country)	Contributory Secondary
I ID NAME OF	Duration yrsds,
FATHER Husen Poole	(Signed) M.D.
OF FATHER	*State the Disease Causing Death, or, in draws from
OF FATHER (State or country) 12 MAIDEN NAMES OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dusy 8 1000l	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted,
man Pool Sather	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6 2 4 3 A Aparms H	has asbury Cometery Nov. 4. 1930.
15 Filed Nov 4 th 19230 9 Halfornica h.	S. V. Chase & Son 1400 mosher St
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Ralto md

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Laborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Doy Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid. etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, Foremon, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Collon mill; (a) Salesman. (b) For persons who have no occupation Automobile factory. The material person, irrespective of Grocery;

Statement of Cause of Death—Name, first, the Dis-EA. 3 CAUSING DEATH (the primary affection with respect to time aid causation), using always the same accepted term for the same disease. Examples: Cercbros pinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohiluria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic ocid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH	REGISTERED NO.
County Balle	(If death occurred in
OF BALTIMORE: (No. Salwoy	ST., WARD) a hospital or institu- tion, give its NAME
2-FULL NAME Wish of	instead of street and number.)
(a) RESIDENCE NO. Ouring Will (Usual place of abode)	Zugst, WARD (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos	How long in U. S., if foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5-Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) Way 10th 193
La If married, widowed, or divoled HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That If thended deceased from
6 DATE OF BIRTH (month, day, and year) Man 2 2011	that I lost saw he Malive on 19.36.
7 AGE Years Months Days If LESS than	and that death occurred, on the date stand above, at
8 6 yr 7 3 1 dayhrs.	The CAUSE OF DEATH was a follows:
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work	Growing to Juffer
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (April 2007) (duration) X yrs. X mos. ds.
(c) Name of employer	(Secondary) (duration) / yrs. (a. mos. / ds.
9 BIRTHPLACE (city or town) (State or country) Bulleville lud	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER . 4 26 Kiell.	Did an operation precede death? Date of
2 II BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
(State or country) Henry	1 (1 1 1) . #1) . 700
(State or country) 12 MAIDEN NAME OF MOTHER OUT - Country	(Signed) (Address) Revenue 24
13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
14 Informant S P SK of the Roller	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
(Address) 2 11/1/ Ll Qual al Qual	MOVAL Crashedral \$ / 2,2/2
15	20 UNDERTAKER ADDRESS
Filed Meg 20, 19 70 17 11 Stades Registrar	Des Carl Putetsen Co
	and and

[Approved by U. S. Census and American Public Health Assn.]

Day ease causing death, state occupation at beginning of illness. If retired from business, that fact may be of the household only (not paid Housekeepers who "Dealer," etc., without more precise specification, man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons has been changed or given up on account of the DISbe taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation wife, Housework or At home, and children, not gainreceive a definite salary) may be entered as House-Never return Foreman, (b) Automobile factory. The material worked on may form part of the second statement. fully employed, as At school or At home. Care should work a. 1 7 so (b) the nature of the business or in-Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, word or term on the first line will be sufficient, e. g., respective of The question applies to each and every person, irhealthfulness occupation is Statement of Occupation.—Precise statement of Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the duties Laborer, Farm Laborer, Laborer-Coal Mine, when needed. for the latter statement; it should be and therefore an additional line Cook, Housemaid, etc. If the occupation age. For many occupations a single of various pursuits very important, so that the relative "Laborer," "Foreman," "Manager," As examples: (a) Spinner, Salesman, (b) Grocery; (a) can be known. is proused as

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

thema,
phy," "Collapse," cc.,
("Congenital," "Senile," etc.),
tion," "Heart Failure," "Hemorrhage," 'I
tion," "Shock," "Shock," " sequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on tion. on Nomenclature of the American Medical Associastatement of cause of death approved by Committee nature of the injury, as fracture of skull, and conamples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. sulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State "Weakness," etc., when a definite disease can be as-"Cancer" is less definite; avoid use of "Tumor" for Poisoned by carbolic acid-probably suicide. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as prob-For VIOLENT DEATHS state MEANS OF INJURY and qualicause for which surgical operation was undertaken. certained as the cause. Always qualify all diseases remere symptoms or terminal conditions, such as thenia," "Anæmia," (merely symptomatic), "' Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report Chronic valvular heart disease; Chronic interstitial malignant neoplasms); Measles; current) affection need not be stated unless important. nephritis, etc. The contributory (secondary or inter--accident; Revolver wound of "Sanila" atc) "Drongy" "Dropsy," "Exhausf head-Whooping cough, "Inanition, -homicide; Debility,

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

PLACE OF DEATH	G202 STATE OF MARYLAND
	STATE OF MARYLAND
County Beltimon	O CERTIFICATE OF DEATH
Village or City Pursey Statisons, Balnes	Registration Dist, No. 44
Village of City Court States (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in-
2FULL NAME Willie Marie	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, MARRIED, WIDOWED. Ougle. (Write the word)	16 DATE OF DEATH 27, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 5 1928	Jaw 17 130.10 Jaw 21 ,131.
(Mayth) (Day) (Year)	that I last saw her alive on Saw 21 1935,
7 AGE [If LESS than	and that death occurred on the date stated above, at 5 30 m.
/ yrs 6 mas 22 de or min 3	The CAUSE OF DEATH * was as follows:
The state of the s	Serlusses (whoofmy couply)
(a) Trade, profession or particular kind of work	
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	de (Duration) yrs. nos. de.
9 BIRTHPLACE (State or country) with Carolina.	Contributory Secondary (Durstion) yrs mos ds.
10 NAME OF Preston Pope	(Signed) Jolin M. Tolling . M. D.
II BIRTHPLACE	Jan 2/ 1920 (Address) Spanows four.
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Saranale Cirmovod	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER WORTH Caralina	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Preston P. opes	Former or usual residence.
	18 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) fance as above.	Ashry lenty Jun 28, 1030
Filed 1/27/3192 Dillearnine	20 UNDERTAKER COL TO ADDRESS 1775

If more blanks are needed, addre s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISLEALE NUSLING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic ccrebross; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

73

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Narasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., whon a definite disease Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease Measles; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	2FULL NAME Still form in	if
	PERSONAL AND STATISTICAL PARTICULARS	
3 :	Male White Single, MARRIED, Drugled OR DIVORCED (Write the word)	16 0
6	DATE OF BIRTH april 5 ^{7h} , 1938	17
7 /	(Month) (Pay) (Year) AGE If LESS than I day hrs. yrs. mos. ds. or min.?	and The
	a) Trade profession or	
5	a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country)	/-
5	b) General nature of industry business, or establishment in which employed or (employer)	(Sign

STATE OF MARYLAND

CERTIFICATE OF DEATH,

	Registration Dist, No.
. 2	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH april 5th, 1930
	(Month) (Day) (Year)
	, 192, 192,
	that I last saw halive on, 192, and that death occurred on the date stated above, at m.
	The CAUSE OF DEATH * was as follows:
	Still bow infant. (5 mo)
	(Durstion) yrs, mos ds
	Contributory Secondary
	(Signed) (Duration) yrs mage. de.
	(Signed) M. D. M.
-	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place in the of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	20 UN DERTAKER ADDRESS

If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

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Strtement of Cause of Death—Name, first, the DISEALE (1951NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever "the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Ethaustion," "Heart failure,
"Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid telonus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart diseose; Mosles;

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V. E. No. 1

	PLACE OF DEATH	12231 STATE OF MARYLAND
(County Dallimon	CERTIFICATE OF DEATH
/		Registration Dist. No.
vin	age or City Edgemere, Jodge Jan	St.: Ward) (If death occurred in a hospital or institution, give its NAME ir
	2FULL NAME TO CES	stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the wind)	(Month) (Day) (Year)
6 D	ATE OF BIRTH 5 , 1891	that I last saw h Min alive on 10 13/30 102
	(Month) (Dey) (Year	and that death occurad on the date stated above, at 9 A m.
7 A	GE. If LESS than I dayhrs.	The CAUSE OF DEATH + was as follows:
P	ccupation a) Trade, profession or articular kind of work	Felmonan Jules autoris
b	o) General nature of industry usiness, or establishment in	(Duration) yrp- moe de.
	Pirither employed or (employer)	Contributory Secondary (Duration) yre
	10 NAME OF FATHER PLACE	(Signed) M. D. (Address) (O / X) O Munual M
ENTS	OF FATHER (State or country)	*State the Discase Causing Desth, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
ARE	OF MOTHER MANGARE DIMSON	18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans- ients or Recent Residents)
	13 DIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) OC thed Forler	19 PLACE OF BURIAL QR REMOVAL PATE OF BURIAL
	(Address) Orage Harm	Old Some sa Jost 17.) 3
15	File Oct 15th 192304 HU Consell M.D.	Jam W. Glase How 1400 Wesher
	15 mars hanks are meeded, address State Registrar	r. 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. er," etc., Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) eases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. lired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cripation is very important, so that the relative health. report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory" atic), "Atrophy." "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perdonaeum, etc., Carcinoma, Sorcoma,, etc., of (name origin: "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death curbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway train-"Tumor" for malignant neoplasms); Measles; FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease;

If this cartificate is loked over thoroughly and all quations answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH County Baltimore	07732 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City EUDOWOOD SANATORNM, TOWSON,	tion, give its NAME ir-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 5 , 1930
May 14, 1906 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1927 to 1930, 1930, that I last saw her alive on July 5, 1930,
7 AGE If LESS than 1 day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows: Coule Conduct Delatation
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Rockfille, Ma. 10 NAME OF FATHER Bernard Post 11 BIRTHPLACE OF FATHER (State or country) Frederick, Md. 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) Frederick Mowledge HOSPITAL Records—Fersonal History (Informant) Eudowood Sanatorium, Towson, Md. 15 Fileduly 190 Miles Registral 16 more banks are needed, address itate Registral	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Durstion) (Durstion) (Signed) (Durstion) (Durstion) (Signed) (Durstion) (Signed) (Signed) (Durstion) (Signed) (Signed) (Address) (Durstion) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physicism, report specifically the occupations of persons en-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar internancia, Bronchopmeumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CERTIFICATE OF DEATH County Registration Dist. No. Ward) certificate. stated proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH of S SINGLE PERMANEN 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH 000 BINDING WIDOWED. back OR DIVORCED (Write the word) may (Month) (Day) HEREBY CERTIFY, That Lattended the decemed 6 DATE OF BIRTH instructions (Month) (Day) (Year) FOR If LESS than 7 AGE end that death occurred on the date steted above, ot I day hrs. The CAUSE OF DEATH * was as follows: THIS supplied terms RESERVED min.? 8 OCCUPATION 99 INK-(a) Trade, profession or particular kind of work plali refuily (b) General nature of industry important. business, or establishment in UNFADING (Duration) 2 which employed or (employer) X Contributory MARGIN 9 BIRTHPLACE Secondary AT (State or country) DI 70 10 NAME OF 1 shot E OF (Address) 11 BIRTHPLACE S OF FATHER te the Disease Causing Death, et, in deaths from Causes, state (1) Means of Injury and (2) Whether SO ARENT (State or country) TIO AU Accidental, Suicidal or Homicidal. 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-OF MOTHER inform d state ients or Rocent Residents) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted, of should if not at place of dea.h?. of OF MY KNOWLEDGE Every item CIANS sho statement Former or usual residence

If more blanks are needed, addre.s Ltate Registrar, 16 W. Sardtoga St., Balto., Requesting V. S. No. 1.

In the

State

STATE OF MARYLAND

(If death occurred in

a hospital or institu-

tion, give its NAME is -

number.)

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton null; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. should be used only when needed. As examples: (a)nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotice engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., Wilhou.
borer, Farm laborer, Laborer— For many occupations a yrs. For persons who have no occupation without more precise specification as Day single word or term on -Coal mine, etc. Wom-

stinal meningitis"); Diphtheria (avoid use of "Croup"); lever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Disto time and EA :: CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia, causation), using always the same accept-

> "Uraemia," "Weakness," etc., when a definite disease Always qualify all American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. valendar heart The contributory disease; death

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions Allthe

	PLACE OF DEATH	Water Vine	05300	STATE OF I	MARYLAND
	County Baltimore	S. Miller	God	CERTIFICATE	
1)		(124)	Registration 1	3/
X / · ·	o. Ctamalainh	605 V4	an Dand	Acgistration	
VII	lage or City Stoneleigh 2FULL NAME Mary		on Road	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME i, - stend of street and number.)
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
	male White	SSINGLE, MARRIED, WIDOWED. OR DIVORCEDINGLE (Write the worth)	16 DATE OF DEATH	May 3	, 19230
6 1	DATE OF BIRTH	· · · · · · · · · · · · · · · · · · ·	17 I HEREBY		(Day) (Year)
	October 2	9, 1863	m 5	1929 to Ma	ير 3 , 192 كن
	(Month		that I last saw h	alive on May	192 30
7 A	GE	If LESS than			above, at 11-25 Am.
	66 yrs. 5	mos. 4 ds. or min.	The CAUSE OF DEAT	CH * was as follows:	1 nishert
1	a) Trade, profession or articular kind of work Non		a. myrendt		
(1	b) General nature of industry	***************************************	Jarang	sis agilans	·
	usiness, or establishment in which employed or (employer)	• • • • • • • • • • • • • • • • • • • •		(Duration) 6	
9 E	SIRTHPLACE (State or country)		Contributory) rueniu	0
	(State or country) Pennsylva	nia		(Duration)	A. y13ds.
	FATHER Hiram M.	Potter	(Signed)	W. (315h	<i>M.</i> D.
S	11 BIRTHPLACE		My 3 1923	(Address) SUY	Annoque
RENT			Violent Causes, st	iscase Causing Death, ate (1) Means of Inj	or, in deaths from jury and (2) Whether
PAR	of Mother Suzanne	Miller	18 LENGTH OF RES	SIDENCE (For Hospit	als, Institutions, Trans-
-	13 BIRTHPLACE OF MOTHER		ients or Recent Re		
1	(State or country)Pennsyl	vania	At place of death 2 yrs		eyrsds.
14	THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at place of dea.	h?	
	(Informant) Mrs. Retta	E. Harp	Former or usual residence		***************************************
	(Address) 605 Kings		Parkwood Cem		5, 1930 , 19
15	Filed Alley 5 1925	Www Segistral	20 UNDERTAKER		ADDRESS SOS 21. ColvatAz

If more banks are needed, addre.s Ltate Registrar, 16 W. Sarakoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.. For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, should be used only when needed. As examples: (a) Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only mot paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, (a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer. Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day a the kind of work and also (b) the Architect, Locomotive engineer, single word or term on

Streement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Dneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-honnicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inamition," "Heart failure, fractions," "Shock," "Shock," "Allowed "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.thaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) inges, peritonaeum, etc., Carcinoma, Sarcoma, Chronic interstitial nephritis, Whooping use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; for malignant neoplasms); Meusles; Chronic valendar heart disease; etc. The contributory affection need not be Nomenclature of the etc., of

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4. S. No. 1

m

HYSI-	Exact	
Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	of certificate.
be	peq.	ck
shouid	t it may	s on ba
ACE	that	tlon
supplied A	n terms so	See instruc
ould be carefully	F DEATH in piair	statement of OCCUPATION is very important. See instructions on back of certificate.
sh	EO	0
nformation	state CAUS	CCUPATION
of	pir	o Ju
item	shou	nent o
Every	CIAR	stater

PL

County

ACE OF DEATH	
Baltimore	60



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 42

Vil	lage or Cit		(No. Poplar)	a hospitel or institution, give Its NAME In-
_	PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male	4 COLOR OR RACE	B SINGLE, MARRIED, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH FEB 12 1930 , 192 (Month)— (Day) (Year)
6 1	DATE OF BI	Octobe: (Month)	, I	17 I HEREBY CERTIFY, That I attended the deceased from Dec 1929 to Jel. 12 1930 that I last saw h imalive on Let 1 120
7	AGE	67 yrs. 3	mos. 24ds or min.	and that death occurred on the date stated above, at
0	b) General : usiness, or which emplo	nd of work Productions of industry establishment in yed or (employer) Eountry) Knoxvill		Contributory Blughen Hypertisphied Prostele (Duration) 2 yrs mos de
PARENTS	10 NAME FATHER 11 BIRTHP OF FATI (State) 12 MAIDE OF MOT	John D. Pott LACE HER or country) Mar	yland	(Signed)
OL.	13 BIRTHF OF MOT (State	PLACE	yland.	At place of deathyrsmosdsbtateyrsmosds.
14	(Informanti (Add	IS TRUE TO THE BEST (1) Sha Clauders) Poplar A 1930 2	of MY KNOWLEDGE Coltufield or Arbutus Reporte	Where was disease contracted, if not at place of death?

If more beanks are needed, address State Registrar, 16 W. Saratega St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Groccy; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook, en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," 'Manager," 'Dealwhatever, write None. Housemaid, etc. If the occupation has been changed etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia.";

American Medical Association.) corbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles inges, perilonaeum, etc., Corcinoma, Sarcoma,, etc., o unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely, (secondary Whooping Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," g cough; Chronic valuular I interstitiol nephritis, etc. The or intercurrent) affection need not be Chronic valvular heart disease contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permanently filed.

County County	02665 STATE OF MARYLAND CERTIFICATE OF DEATH-
Can't de la company de la comp	Registration Dist. No.
Village or City Down (No. 2 PULL NAME CLASSICE D. D.	I must Gall Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Heurel Color or RACE 5 SINGLE, MARRIED, WIDDWED. OR OLD PRACE (Write All Surge)	16 DATE OF DEATH 3 - 16 - , 19230 March (Month) 16 (Day) 20 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Marive on 3 16 - 1920
7 AGE If LESS than I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Housewolf	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
State or country) Mc	Contributory Secondary Duration yrs mos ds,
10 NAME OF FATHER WILLIAM	(Signed) (C. T. Jackery, D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of lother len owell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED CE	Former or
(Informant) Here Dewill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 32 Macine 7x	Mesler Ster 3-17.30
Filed 7 7 10 Registrar	De College Coul
If more bianks are needed, additions tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc., If the occupation has been changed to report specifically the occupations of persons entired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Former (reployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-As examples: (a) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," Old Age, Sulven, "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bro shopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinomo, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report more symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock, cough; 9.9 Committee on Nomenclature "Heart failure," Chronic etc. valvular heart disease The contributory " Hacmorrhage, Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	07156 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City EUDOWOOD SANATONOM, TOWSON, 2FULL NAME Goules Towns	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 130
G DATE OF BIRTH July 4, 1901 (Month) (Day) (Year)	that I last saw h exalive on The same 3, 1930
7 AGE 28 yrs. 0 mos. 29 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry	Oulm · Luberauloso
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Yark Oa	Contributory Secondary (Duestion) yrs mos.
10 NAME OF FATHER Clay for Bellinger	(Signed) M. D. Maryland.
11 BIRTHPLACE OF FATHER (State or country) State of country) OR OR	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER RIPE Tracy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Jorh. Car	At place of death
Hospital Records-Personal History	Former or usual residence. 2647. Beward St. Balls
(Informant) Eudowood Sanatorium, Towson, Md.	Derropo Con Colegood June 5, 1970
Filedpul 4 1930 Willeller Registrar	Om C. Drodot In Sparks, Wed
If more banks are needed, addre s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewije*, *House*en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Physician, Compositor, Architect, etc., report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Divitheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Chronic Carcinoma, Sarcoma, etc., of etc. vatrular heart disease; Nomenclature of the The contributory Macasles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Ballowing ne	02666 STATE OF MARY
County National of	CERTIFICATE OF Registration Dist. No
Village or City/Litherville (No.	St.: Ward) (If d a hos tion,
2 FULL NAME Flora &UC, Kay,	Nowers stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Clarch 10 (Month) (Day)
6 DATE OF BIRTH Joh 2 , 1848 (Month) (Day) (Year)	that I last saw hell, alive on March
7 AGE 82 yrs. 1 mos. 19 ds. or min	s. The CAUSE OF DEATH * was as follows: // 1. /
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs.
9 BIRTHPLACE (State or country) Uswa Scotia	Contributory Secondary Duration yrs.
FATHER Lorald McKay	(Signed) July (Address) Jordson
OF FATHER (State or country) Nova Scotia	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.
of Mother arria Wacfarlais	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) U sora Coliq	At place of death yrsmosds. State yr
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Rus Way Robinson	Former or usual residence
(Address) Luther will und	19 PLACE OF BURIAL OR REMOVAL DATE WAS
Filed Marchy 30 Am P. Butter Dely Registras	Joundertaker Jours Sirves Jo
If more hanks are needed addre s tate Kegisti	ar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	 	V	(ard)	
,ou:	 	41	ara	

(If death occurred in a hospital or institu-tion, give its NAME is -stead of street and number.)

· · · · · · · · · · · · · · · · · · ·	
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Clarcle 7	0, , 1930
(Month)	(Day)(Year)
17 I HEREBY CERTIFY, That I at March 12 1980 to	tended the deceased from
March 12 1980 to Mithat I last saw helt alive on Ma	
and that death occurred on the date states	d above, at 4.30 Pm
The CAUSE OF DEATH * was as follows:	111
(Duration) 3	yrs. mos ds
Contributory Secondary	
(Signed) (Signed) (Address) July	
*State the Piscase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospi	itals, Institutions, Trans
ients or Recent Residents)	
At place In the of deathyrsmosds.	teyrsmosds
Where was disesse contracted, if not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Prospect Hell	Man. 22, 180
20 UNDERTAKER	ADDRESS
They Bury Sores	Towars.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed tuborer, Furm loborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Colton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material Stationary firemon, etc. For persons who have no occupation Locomotive engineer, But in many 0 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association (Recommendations on statement of cause of approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection valvular heart need disease not be

If this certificate is dooked over thoroughly and all questions answered in detail is will prevent further correspondence. All the data is essential and must be abruned before the certificate is permanently affed.



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PLACE OF DEATH	(1402) STATE OF MARYLAND
County/3 allmare	GO CERTIFICATE OF DEATH
Al Del	Registration Dist. No.
Village Corky aux nos form (No. 705 1	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME George F Por	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jyale Wilowed (Write the word)	16 DATE OF DEATH Office 26, 19330 (Month) (Day) (Year)
S DATE OF BIRTH Jeb 10 1867 (Month) (Day) (Year)	that Vlast saw here alive on Arif 25. 1930.
7 AGE [If LESS than	1230
63 yrs. 2 mos. 16 ds. or min.?	The CAUSE OF DEATH * was as follows:
b OCCUPATION (a) Trade, profession or Crain Winh et	arterio solvenie & Chronic myorardita
(b) General nature of industry business, or establishment in	(Duralsakarana mos de
which employed or (employer) 20 Mellen 2011	Contributory Cirebral him out age
9 BIRTHPLACE (State or country) Washing For D. C.	Secondary (Duration) TIS TIS
1D NAME OF FATHER Wathers Porvers	(Signed) Danom to 14 arby M. D.
OF FATHER (State or country) Seland	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER When nur	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa h?
IN-s Wary Powers	Former or usual residence
(Address) 705 Fat	Dak James Of Burial Or REMOVAL OATE OF BURIAL OR 3019 30
15 Filed apr. 29 19230 4 Meloniern	Denny 75 List St
If more banks are needed, address tate Kegistrar 16 N. Saratoga St., Balto., Requesting V. S. No. 1)	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthtired 6 - yrs). For persons who have no occupation state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Howsemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may he indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Committee on for malignant neoplasms); Measles; Chronic valvular heart disease, etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	06503 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 37
Village or City Harks (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH MAY 1884	(Month) (Day) (Year)
7 AGE (Month) (Day) (Year) (Ye	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos de. Contributory Acuts dilatation Secondary (Duration) yrs mos ds.
10 NAME OF FATHER COMPANY PROCES 11 BIRTHPLACE OF FATHER (State or country) Gall Co	(Signed) II M. D. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Franklin Price (Address) Sparks	if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Jessufs Cumetury Jene 25, 1932
Filed June 25 1930 03 R OSeason M. Registrar Company Registrar Com	m. C. Burn hand Spens Ind. 7. 16 W. Saratoga St., Balto., Requesting V. S. 16.1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the single word or term on 8 Grocery;

Statement of Cause of Death—Name, first, the DISTERS. CAUSING PEATH (the primary affection with respect to time and causation), using always the same accepted, term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "E:haustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Committee on "Heart failure," "Ilaemorrhage, Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 1		A .
BINDING	PERMANENT ECORD	should be stated EXACTLY, plit may be properly classified.
FOR	S IS A	d. ACE so that truction
MARGIN RESERVED FOR BINDING	WRITE AMLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.
•	WRITE	Every Item of CIANS should statement of C

	PLACE OF DEATH	14719	STATE OF	MARYLA	ND
	County Baltimore	~~	CERTIFICAT	E OF DE	ATH
		75-a	Registration	Dist. No.	30
Vi	2FULL NAME Frank Primrose	ad	St.: Ware	a hospital	occurred in or institu- its NAME it - street and
=	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH	
	Male White Single, White Single, Married, Widowed, Married OR DIVORCED (Write the word)	16 DATE OF DEATH	December 29		1930 704×
6	October 26 , 1868 (Month) (Day) (Year)	17 I HEREBY	CERTIFY, That I at 917192 to De C	29th	
8 (If LESS than I day hrs. 2 mos. 3 ds. or min.?	and that death occur	red on the date state	ed above, at 9.	50 P. m.
) E	a) Trade, profession or varticular kind of work b) General nature of industry vusiness, or establishment in		(Duration) 1	3 1	29 de
V	which employed or (employer)		ifth stroke	Left C	erebral
9 6	(State or country) Baltimore, Maryland	Secondary hemiplegia	(Duration)	64	mos 1 da.
	10 NAME OF FATHER William F. Primrose	(Signed) Dec 29 this2	Jas Luc Baddress) Freder	city Aye.	M. D.
ENTS	OF FATHER (State or country) 12 MAIDEN NAME		isease Causing Death ate (1) Means of I or Homicidal.	or, in denjury and (2	aths from Whether
PAR	of MOTHER Josephine Hand	18 LENGTH OF RE-	SIDENCE (For Hosp		
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrs	nosds. In th	ateyra	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dear	h?		000000000000000000000000000000000000000
	(Informant) Mr. H. Clay Primrose	usual residence	OR REMOVAL	DATE OF	FBURIAL
	(Address) 505 Cathedral St.	Loudon Park		Dec. 31	
15	Filed 17/3 192 Albandura Registrar	20 INDERTAKER /	took	ADDRESS 1003 Wes	t

If more banks are needed, sodge Little Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescup-tion is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the rnyszcun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Withouv Laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> stited unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart fallure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all (secondary approved by tetanus may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Committee on Nomenclature of the Example: Measles (disease valvular heart disease affection need not be etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is A permanently filed. If this certificate is looked over thoroughly and all qu stions

	Rosemont (No. Al	labama Ave. St.: Ward) (If death occ a hospital or tion, give its N stead of stronumber.)
	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female	White Single Marrie (Widowed OR DIVORCED (Write the word)	d Aug. 26, , 19 (Month) (Day)
6 DATE OF BI	Sept. 30, 1886, 1 (Month) (Dsy) (Yea	than and that death occurred on the date stated above, at 9. 4.
(b) General :	43 yrs. 10 mos. 27 ds. or mos or of the stablishment in	carcinoma of left breast with general metastasis
B OCCUPATIO (a) Trade, p particular ki (b) General	Morofession or House Wife nature of industry establishment in oyed or (employer) E country) Md •	Carcinoma of left breast with general metastasis (Durstion)
B OCCUPATION (a) Trade, proposed to the control of	Norofession or House Wife nature of industry establishment in pyed or (employer) Equation of Brown Race Here	Carcinoma of left breast with general metastasis (Durstion)
8 OCCUPATION (a) Trade, poparticular king (b) General business, or which employs BIRTHPLAC (State or compared to the compared	Morofession or House Wife nature of industry establishment in oyed or (employer) Md. OF Saib Brown PLACE HER or country) Md. N NAME THER LUCTITIA Welsh PLACE	Contributory Secondary Cigned Contributory Cachexia (Durstion) Contributory Cachexia (Durstion) Contributory Secondary Cachexia

08997

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus, Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on without more precise specification as Day

Streement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease Cause of University affection with respect to time and causation), using always the same accepted term for the same 'disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic (secondary Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	10175 STATE OF MARYLAND
	County Wallmore	CERTIFICATE OF DEATH
	1 .10 00	Registration Dist. No. 37
v	illage or City Ockeysolles Sherwo	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED COR DIVORCED COR DIVORCE	16 DATE OF DEATH Seft 20, 1950
6	DATE OF BIRTH Qug. 25 1852	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h alive on left 1920, 1920,
7	78 yrs. // mos. 25 ds. or min.?	and that death occurred on the date stated above, at
	OCCUPATION (a) Trade, profession or AT / James particular kind of work	
1	(b) General nature of industry business, or establishment in which employed or (employer)	Deveral (Duration) yrs. , mod de.
9	(State or country) Mary Cand	Contributory Contr
	11 BIRTHPLACE	(Signed) Daniel Tel Tho Junge M. D. Seff 20 1920 (Address) Takoch ms
RENTS	OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
PAF	OF MOTHER Rachael stevenson 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14	(Informant) Charles Q. Sacra	if not at place of dea.h?
	(Address) Cockeysville Ind.	lessops Cemetery Sept. 22,1936
15	Filed Sept 24 1980 B Registrat	Frederick Case Antolo 7401 Belon a
=	If more banks are needed, address state Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, ar At hame. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Hausewife, Hausehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day worked on may form part of the second statement. Physician, Campositor, Architect, Lacomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Catton mill; (a) Salesman, For persons who have no occupation (b) Autamabile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Fneumonia"); Labar pneumonia, Branchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritanitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Branchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The n. ture of the injury, accident; Revalver wound af head-hamicide; Paisoned by or as prabably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia, " "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The Nomenclature of the contributory

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Vil	lage or City	leveg ato	(No.	7
	²FULL	NAME BO	eley F	Potons
	PERSONA	L AND STATIS	TICAL PAR	TICULARS
3 5	EX Temale	While	MARRIED WIDOWE OR DIVO (Write the	D. RCED
6 0	ATE OF BIRTH	Of s	th) (Da	8 , 1930 y) /(Year)
7 A	GE	yrs	mos.	If LESS than I day hrs
2(l	articular kind of General natural natu	or (employer)	Ilst	
NTS	10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or experience)	Micke	Rotor	rski Pland
PARE	12 MAIDEN NO	AME	Wilis	hkv
	OF MOTHER (State or ed	2	mão Pe	land
14	(Informant)	Mille Pr	Howse Road	li holgale
15	Filed 4/18	8/3002 /	Vmle	Registras
_	1	f more bianks are	needed, addr	oss State Registra

PLACE OF DEATH

04026 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.		Registration	Dist.	No. 4
------------------------	--	--------------	-------	-------

Mard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDIC	CALC	ERTIFIC	CATE	F DEA	TH	
6 DATE OF DEATH	*****	apr	il	18	;	193 2
			in)	-(Day)_		(Year
I HEREB	Y CER	TIFY, Th	at I atte	ended th	o dec	gased f
april 1	Ŏ1	93 D. to.	ups	11	6	195
hat I last saw h						
	-	~				192
nd that death occu	red on	the date	stated	above, a	1.4.	1014
ha CAUSE OF DEA	1H * 4	was as fol	lows:			
A-A.	- <i>f</i> 2				*******	R.
Stilly	02	n				
				************	******	
				*************	-	
		- 0				
		(Durati	on)	yra	m m	PØ
Contributory Secondary			.	•••••	**********	
_		(Durati	(90)	Wre -		
		111	~	7		
Signed)		CLVV	11.1	111	<i></i>	N
yerl/8 193	D. (Ad	all dress)	Pros	rdu	lk	m
*State the D Violent Causes, s Accidental, Suicidal	biscase tate (Causing 1) Means	Death	or in	dont	he from
B LENGTH OF RE	SIDEN	ICE (For	Hospit	ala. Inc	itutio	T.
			uspic	,		,
ients or Recent Re	asidant	(2)				

of death yrs mos ds. State yrs mass Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL DATE OF B

Christ Sutheran Justs:

ADDRESS . 1930

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N B

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as try taborer, Farn laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Groccy; (a) Foreman, (b) Automobile foctory. The material state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. tired 6 yrs). gaged in domestic service for wages, as Scroont, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer,'" 'Forcman," 'Manager," 'Dealshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engincer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physician, Compositor, report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; tetanus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, inges, peritonoeum, etc., Corcinoma, Sarcoma, as fracture of skull, and consequences (e. g., scpsis, carbolic acid—probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Chronic etc. The contributory valvular heart Nomenclature of the disease; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

Village or City Calmon Nelle 6	Registration Dist. No. 30 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mak Lolor or RACE SINGLE, MARRIED, WIOOWED. OR OIVORGED (Write the word)	16 OATE OF DEATH June 78, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on June 28, 1920,
7 AGE yrs. 2 mos. 2 de. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3 9. m. The CAUSE OF DEATH * was as follows: Acute Ludo Cardelia
(a) Trade, profession or how & held particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Secondary
10 NAME OF FATHER CONTROL PUBLISHED OF FATHER OF FATHER	(Signed) Volume Country Doct on In death from
C (State or country) 12 MAIDEN NAME 07.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANNEY MOTHER OF MOTHER OF MOTHER	is LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsfients or Recent Residents) At place
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of dea h?
(Informant) Charmer Lauren	Former or usual residence
(Address) & Jouls butoning	Western Markey 6-30, 1036
Filed 728 195 All Registral	LOUIS - Pifer 1735 Koru
If mora b.anks are needed, add to veste hegistrar	, 16 W. Saratoga St., Balto., Lequesting V. Shellar

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefere an Civil engineer, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Kanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been enanged For many occupations a single word or term on know (a) the kind of work and also (b) the yrs). For persons who have no occupation without more precise specification as Day Stationary freman, etc. But in many Locomotive engineer, (6)

Statement of Cause of Death—Name, first, the DIS-EATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "eontributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondar; or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably sucide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or misearriage as (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If the certificate is looked over thoroughly and all questions answered undetail, will prove the refree correspondence. All the data is creatival and must be obtained before the certificate is permaneuty field.

REPORT.

WRITE

V. S. No. 1

Exact	Ca
I EXACTLY, Prily classified.	Villa
hould be stated t may be proper on back of certi	3 SE
ipplied. ACE si terms so that if e instructions	7 AGI
oe carefully su EATH in plain t Important. Se	Boco (a) part (b) busi whi
3Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	PAR III
ery Item of IANS should atement of O	14 TH
SEv	I5 Fi

PLACE OF DEATH

	PLACE OF DEATH	STATE OF MARYLAND
	County Dallimore (62)	CERTIFICATE OF DEATH
		Registration Dist. No.
1	Village or City Carney (No Na Va)	St.: Ward) (If death occurred in a hospital or institu-
1	2 FULL NAME Dyfant of I Sowore	dr Sertrude Printegamber.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	male White (Write the word)	16 DATE OF DEATH 1000, 3 , 1980
6	DATE OF BIRTH POR. 3 930	17 1 HEREBY CERTIFY, That 1 attended the deceased from 1925 to 1925, 192 , 192
	(Month) (Day) (Year)	that I last saw have alice on 192
7	yrs. mos. ds. or 30 min.?	
8	OCCUPATION	
	a) Trade, profession or particular kind of work	,
N	(b) General nature of industry business, or establishment in	***************************************
1	which employed or (employer)	(Duration) yrs. mos. ds.
9	BIRTHPLACE (State or country) Mountain	Contributory Secondary (Duration) 7 yrs mos ds
	10 NAME OF FATHER HOWARD Printe	(Signed) Agent Holley M.D.
1	of FATHER (State or country) Willed Cond	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OVO	12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Modulation	At place of deathyrsmosds, Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Howard Punte	Former or usual residence
	(Address) Carney Ind,	Parkword Cem. Date of BURIAL 11/4 1980
13	Filed 11/4 1930 Ch. W. Bacow Registrar	20 UNDERTAKER ADDRESS Fred. Lassahut Son Fulleston
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If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). laborer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Drs. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death tetinus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart Nomenclature The contributory disease not be

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6

8 No. 1

N

PLACE OF PEATH	10176 STATE OF MARYLAND
County 10000	CERTIFICATE OF DEATH
4 1 51	Registration Dist. No.
Village or City and alown (No.	Ward) (If death occurred in a hospital or institu-
2FULL NAME Wilford Stee	uburg Purdument stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MIDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH SERV 22, 1990 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended the deceased from 192 S. to Suffix 22., 1983 T
(Month) (Day) (Year)	that I last saw h Milive on Life 20 , 1930
7 AGE IFLESS than	and that death occurred on the date stated above, at
41 yrs. 2 mos. 0 ds. or min.?	The CAUSE OF DEATH * was as follows:
E OCCUPATION C	Shliner Muller mas Les Remen
(a) Trade, profession or Fulman	and the state of t
(b) General nature of industry business, or establishment in which employed or (employer) R R R	(Duration) 2 yrs. 6 mos. ds.
9 BIRTHPLACE (State or country Frederick Co. Ma	Contributory Secondary (Duration) yrg mos. ds.
10 NAME OF FATHER AS A. PILL A ALL MA	(Signed) Cher a Classe M. D.
M 11 BIRTHPLACE OF FATHER OF OF FATHER	4/22 192 (Address) 2/45 (1) Oslita H
(State or country) 7 / Ware 00 / Wa	*State the Piscase Causing Death, or, in deaths from Violent Causes, atate (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cla Sattell	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant Mis Susie M. Turdu	A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Howard Me, Zansdon	ngrospect Com. Mr any Md Sept. 241930
15 Filed Seff 23 19230 Herkie for	Wm. J. Ticknet Som Morth + Pa Car
If more blanks are needed, address tate Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Sulesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephrilis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; Nomenclature of the not be

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di bhas I. bahn 3145 M. Balt. DV.

V. S. No. 1

PLACE OF DEATH	0.5307
	STATE OF MARYLAND
County Balta.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Joursey (No. Burg	et Hill St: Ward) a hospital or institu-
20 6	tion, give its NAME irstead of street and
2FULL NAME Caby lus	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, A.	16 DATE OF DEATH
male boloud Wildwed Gr. Wilte the word	May 7, 1923 8
d DATE OF BIRTH	17 // I HEREBY CERTIFY, That I altergraded the descased from
	May 7 19230 to Way 19280
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [IfLESS than	
I day_hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Of all
8 OCCUPATION (a) Trade, profession or	Stellbon
particular kind of work Mone	
(b) General nature of industry business, or establishment in	(7)
which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Duration) mos ds.
FATHER ADD & S	(Signed) M. D.
11 BIRTHPLACE	May 8 19231 (Address) 2 3 29. Tweford
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Squah Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sarah Johnson	Former or usual residence
- 1 - 10-111	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Prospect Hall Md.	Elevent Best- Tour / 5/, 19 30
15 Filed May 7 192 Jul C. Buther Def	20 UNDERTAKER ADDRESS
Rogistra	Mrs Se. F. Holland 16318 mid to
If more hanks are needed address that Resistance	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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> "Lampstion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomtelanus) may be stated under the head of "contributory." accident; Revolver wound of head -homicide; or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, " "Weakness," etc., when a definite disease (secondary Whooping American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent), affection Chronic valvular heart etc. The contributory need not be Poisoned by disease.

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